

**Glamorgan County Council.**

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**REPORT**

OF THE

**Medical Officer of Health**

FOR THE YEAR 1953.

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.  
MEDICAL OFFICER OF HEALTH.

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CARDIFF:  
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# Glamorgan County Council.

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*To the Chairman and Members of the Health Committee.*

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have the honour of presenting the annual report for 1953 on the health and sanitary circumstances of the County, which includes also the reports of the Senior Dental Officer, Mr. John Young, L.D.S., the County Analyst, Mr. D. Evans Jones, M.Sc., F.R.I.C., and the Senior County Sanitary Inspector, Mr. W. D. Lewis.

The estimated population increased by 3,800 to 736,300. The vital statistics show a slightly higher death rate of 11·78, while the birth rate of 16·16 births per 1,000 population is the same as the previous year. The low maternal death rate in 1952 was not, unfortunately maintained, deaths numbering 15, as against 9 giving a rate of 1·23. Infant deaths, on the other hand, were the lowest ever, the Glamorgan rate being 31·18 per 1,000 births, compared with 34·38 last year, but this is still higher than the England and Wales rate of 26·8.

Another low record death rate was reached for tuberculosis, the number of deaths from pulmonary tuberculosis being 202, which, as the table on page 44 shows, is over a hundred per cent reduction since the end of the War.

The Welsh Board of Health in Circular 1/54, calling for the preparation of the report, requested that information should be given and special reference made to any progress within the year towards close integration of the services provided by the Local Health Authority with the hospital and general practitioner services. The need for the welding together of those three main branches has been evident for some time. As reported last year, improvement has taken place and the relationships are now better than ever as there are fewer upsets and misunderstandings as it becomes more and more realised that each service is dependent to a certain extent on the other. The field of responsibility of each is clearer and there is a genuine desire to do the best in the interests of those for whom the service was intended.

The Local Medical Committee, whose meetings I attend, have given every consideration to any proposals put forward requiring the assistance and co-operation of the general practitioner, such as the use of the ambulance service, the division of responsibility between the doctor and the home nurse and also his position in relation to the health visitor. A joint statement of policy was issued by the British Medical Association and the Society of Medical Officers of Health on the latter recently, but it is of interest that agreement very much on the lines suggested had already been arrived at and was in operation, and whereas previously the general practitioners often did not know the health visitors in their districts, they now contact each other and work more in unison. It is hoped that the report of the Working Party on Health Visitors will further clarify her position, as these officers have been in some doubt as to the extent of their province in the "giving of advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers."

Co-operation with the hospitals, although better, is more difficult of achievement, as it is still sometimes difficult to convince them of the need for reports on, for example, maternity cases and others after discharge. One would wish to see also stricter certification of ambulance journeys, as the number of patients conveyed continues to increase, 284,305 being conveyed during the year at a cost of £169,066.

Meeting this increased demand with the same number of ambulance vehicles required all the ingenuity and resources of the County Ambulance Officer, area ambulance superintendents, and drivers, who have carried out their duties in a meritorious manner. Bearing in mind the heavy load, it is only to be expected that occasional complaints regarding overcrowding of ambulance vehicles are received.

One of the main concerns in the Midwifery Service has been the maintenance of an evenly balanced establishment to cover all domiciliary confinements, which totalled 4,658 in 1953, an increase of 167. The midwives have not only delivered more cases, the average case load being 37 as against 33, but also assisted the home nurses to the extent of 11,939 visits when called upon to do so. This assistance was of value to the hard-pressed home nurses, who dealt with 16,665 cases, paying 25,362 more visits than in the previous year.

The Minister of Health in a recent address to the annual meeting of the County Councils Association laid stress on the part to be played by the Local Health Authorities Domiciliary Services, more particularly in relieving the strain on hospital accommodation, stating that "no patient should be removed from his home to a hospital for the lack of the ordinary small help that a home help is able to give." Every year brings an addition to the number of elderly persons and problems of old age and the chronic illness which so often accompanies it cannot be ignored, and increasing attention is being focused by doctors and social workers on the care of the aged. Hospital beds sorely needed for other patients who cannot secure admission often remain occupied by elderly patients, who cannot be discharged because they have no one to care for them. The absence of a home to return to or the lack of relatives into whose care they can be discharged, are depressing factors in the rehabilitation work undertaken by geriatric departments of some of the larger hospitals. The role of the Welfare Department in providing hostels for the aged is most important, and good progress has been made by the Welfare Committee.

For the elderly persons remaining in their own homes or in the care of relatives the Local Health Authorities' services are available. Assistance of the home nurses is freely given to those in need of nursing care, and in the Home Help Service the aged and infirm are among the priority classes to whom domestic help is given. Both the services referred to are strained to the utmost in coping with the demand, and an increase in the home help establishment will become inevitable if the needs are to be met.

Shortage of medical and nursing staff is still a matter of concern, few applications being received in response to advertisements of vacant posts.

The section of the report dealing with "Prevention, Care and After-Care" makes reference to the assistance given to paraplegics. Close liaison is maintained with Rookwood Ministry of Pensions Hospital and Rhydlafer Orthopaedic Hospital in dealing with these cases in order that alterations required in the patients' homes are completed in readiness prior to discharge if possible.

The staff changes during the year have been few, the only major change was the appointment, in May, of Dr. Gwladys Evans as Senior Medical Officer in the Central Office. She has already rendered valuable assistance to my deputy, Dr. R. T. Bevan, in the Mental Health Section, for which he assumed responsibility following the failure to secure the services of a psychiatrist. Included in the report is an interesting survey he has carried out of Mongols in the County. I am deeply grateful, not only to them for their help in all aspects of the work centrally, but also to the supervisors and the administrative staff. My thanks are also due to the Divisional Medical Officers who, with the medical, nursing, and administrative staff, carry out the duties assigned to them in their respective spheres.

The report would be incomplete without particular reference to the Chairman, County Alderman Sidney Cadogan, J.P., and members of the Health Committee, who have given every help and encouragement.

I am,

Your obedient servant,

**W. E. THOMAS,**

*County Medical Officer.*

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
CARDIFF.

*July, 1954.*



## TABLE OF CONTENTS.

	<i>Page</i>
NATIONAL HEALTH SERVICE ACT, 1946.	
Divisional Administration .. .. .	7
Section 21—Health Centres .. .. .	8
„ 22—Care of Mothers and Young Children .. .. .	9
„ 23—Midwifery .. .. .	22
„ 24—Health Visiting .. .. .	27
„ 25—Home Nursing .. .. .	30
„ 26—Vaccination and Immunisation .. .. .	34
„ 27—Ambulance Service .. .. .	36
„ 28—Prevention of Illness, Care and After-Care .. .. .	44
„ 29—Home Help Service .. .. .	55
„ 51—Mental Health Service .. .. .	58
GENERAL.	
Cancer .. .. .	89
Cardiff and County Public Health Laboratory .. .. .	67
Clinic Arrangements .. .. .	14
Convalescence .. .. .	53
Day Nurseries .. .. .	15
Food Hygiene .. .. .	68
Health Education .. .. .	54
Housing .. .. .	78
Infant Mortality .. .. .	84
Infectious Diseases .. .. .	88
Maternal Mortality .. .. .	86
Milk (Special Designations) Regulations .. .. .	76
Nurseries and Child Minders Regulation Act, 1948 .. .. .	15
Nursery Nurses, Training of .. .. .	19
Nurses Acts, 1943-1945 .. .. .	27
Nursing Homes, Supervision of .. .. .	27
Pharmacy and Poisons Act, 1933 .. .. .	77
Population .. .. .	82
Premature Baby—Domiciliary Care of .. .. .	15
Rural Housing .. .. .	79
Second Follow-up Survey into Child Health .. .. .	21
Statistical Review .. .. .	81
T.B. Treatment in Switzerland .. .. .	49
Unmarried Mothers—Care of .. .. .	14
Virus Infection during Pregnancy—Ministry Enquiry .. .. .	21
Whooping Cough Immunisation .. .. .	36
X-ray Examination of Teachers, etc. .. .. .	53
Statistical Tables :—	
Ambulance Service .. .. .	40, 42
Births .. .. .	84
Births Domiciliary and Institutional—Comparison .. .. .	11
Cancer .. .. .	89

TABLE OF CONTENTS—*continued.*

	<i>Page</i>
Care of Mothers and Young Children .. .. .	11
Deaths, Causes of (Age-groups) .. .. .	84
Death-rate .. .. .	84
Dental Care (Mothers and Young Children) .. .. .	19
Diphtheria .. .. .	88
Health Visiting .. .. .	29
Home Help Service .. .. .	55
Home Nursing Service .. .. .	30
Housing .. .. .	79
Infant Mortality .. .. .	84
Infectious Diseases, Notification of .. .. .	88
Maternal Mortality .. .. .	86
Measles .. .. .	88
Midwifery Service .. .. .	27
Midwives Act, 1951 .. .. .	26
Population .. .. .	82
Premature Babies .. .. .	16, 17
Supervision of Midwives, Home Nurses, and Home Helps .. .. .	27
Tuberculosis .. .. .	44
Tuberculosis B.C.G. Vaccination .. .. .	49
Vaccination and Immunisation .. .. .	34, 35
Vital Statistics, 1953 .. .. .	95
Whooping Cough .. .. .	88

# NATIONAL HEALTH SERVICE ACT, 1946.

## DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (Section 27) and the Mental Health Service (Section 51) is delegated to nine Health Divisions under the immediate control of the undermentioned Divisional Medical Officers :—

<i>Health Division.</i>	<i>Divisional Medical Officer.</i>	<i>Address.</i>	<i>Telephone No.</i>
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Rock Grounds, Aberdare	Aberdare 441.
Caerphilly and Gelli-gaer	E. C. Powell, M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Caer- philly Road, Ystrad Mynach	Hengoed 171.
Mid-Glamorgan ..	Kathleen Davies, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Quarella Road, Bridgend	Bridgend 700-701.
Neath and District ..	H. R. Stubbins, M.D., D.P.H. ..	Divisional Health Office, Crown Buildings, Neath	Neath 2481.
Pontypridd and Llan- trisant	T. Islwyn Evans, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. D.P.H.	County Council Offices, Court- house Street, Pontypridd	Pontypridd 2275.
Port Talbot and Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot.	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Old County Council Offices, Westgate Street, Cardiff	Cardiff 22336.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda .. ..	D. J. Thomas, M.B., B.S., B.Sc., D.P.H.	Divisional Health Office, 4, Llewellyn Street, Pentre, Rhondda	Pentre 2139.

In the interests of efficiency minor administrative adjustments as follows have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division :—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Service concerned.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, Thomastown	South-East Glamorgan ..	All purposes ..	Pontypridd and Llantrisant.
Scotch Row, Gilfach Goch ..	Rhondda .. ..	do. ..	do.
Ffynsmaerdy .. ..	South-East Glamorgan ..	Home Nursing and Midwifery	do.
Edmondstown .. ..	Rhondda .. ..	Midwifery ..	do.
Penrhiwfer .. ..	Pontypridd and Llantrisant	do. ..	Rhondda.
St. Mary Hill .. ..	Mid-Glamorgan .. ..	Home Nursing	South-East Glamorgan.

## SECTION 21.—HEALTH CENTRES.

Health centres of the type envisaged under Section 21 of the National Health Service Act, 1946, are still in the experimental stage and because of the uncertain future of health centres the Ministry expressed the opinion that land should not be reserved in the development plan unless an urgent need in the area can be established now. The Committee, however, have taken steps to safeguard the position in new development areas and existing built-up areas should it be decided to establish health centres at some future date. It is intended :—

(a) That where there is a possibility that a sub-health centre should be established as well as a clinic, approximately 0.5 acre of land be reserved for such purposes, and the site should be so located that if it is found later that the sub-health centre is not necessary it will allow for other development adjoining the clinic.

(b) That land to be reserved for clinic and sub-health centre purposes be located where possible adjoining proposed public open spaces, so that the ultimate size of the site required will not interfere with other development.

A site of 1½ acres has been acquired at Sandfields, Port Talbot, and it is hoped shortly to obtain approval to the establishment thereon of a health centre of modified design, which will provide accommodation for general practitioner services, if required.

Other sites scheduled, or provisionally reserved, during the year included :—

<i>Health Division.</i>	<i>Location of site.</i>
Pontypridd and Llantrisant	<i>Hawthorn.</i> Land at rear of Co-operative Wholesale Society premises and fronting Ash Street and Ash Square, Rhydyfelin.
	<i>Maesyrcoed.</i> Maesyrcoed Nursery grounds. Land comprising 0.66 acre.
	<i>Talbot Green.</i> Adjoining County clinic, Talbot Green. 0.5 acre of land on Llantrisant side of clinic.
South-East Glamorgan ..	<i>Llantwit Major.</i> Site of 0.37 acre at Llanmaes Road.
West Glamorgan .. ..	<i>Clydach.</i> Land comprising the Fairground, Clydach.

At the time of writing this report it would seem that a further setback to the establishment of health centres has been given by the Ministry's proposals to set aside annually the sum of £100,000 for the purpose of promoting the formation of group practices. General medical practitioners desirous of entering into group practice in an area may receive assistance by way of interest-free loans from this fund, which will normally be available for :—

(a) The erection of a new building, either on land already owned by one or more of the members or on land which may have to be acquired for the purpose, and for the acquisition of such land.

(b) The acquisition of an existing building and its conversion into surgery premises.

(c) The conversion of a building already owned by a member of the group.

As it is a condition that premises in respect of which a loan is made must be used for the purpose of group practice for a period of years substantially longer than the duration of the loan, the prospect of health centres, due to the cost involved and the reluctance of general practitioners to work in them, has very definitely receded.



## SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

## CLINIC PREMISES.

Considerable progress was made in the building of the new clinic at Porthcawl, which will be ready for occupation early in 1954.

These were the only new clinic premises in the course of construction during the year, but certain necessary improvements listed below have been made to existing premises :—

Mountain Ash	..	..	..	New pram shelter.
Ynyswen, Treorchy	..	..	..	do.
Oakland Terrace, Ferndale	..	..	..	do.
West Street, Gorseinon	..	..	..	Additional room.

In addition, pram shelters were in course of construction at the end of the year at Gorseinon and Maesteg, and it is hoped to proceed with the pram shelter at Abercynon early in the new year.

In the 1953-54 capital building programme the following new clinic projects were included :—

Porthcawl	..	..	..	..	Completion of work carried over from previous year.
Sandfields	..	..	..	..	New clinic.
Cwmcynon Workmen's Hall, Penrhiwceiber					Adaptation into clinic and woodwork centre.
Wyndham Street, Barry	..	..	..	..	Demolition of old structure and erection of new clinic.
Ystalyfera	..	..	..	..	Erection of new clinic, including new pram shelter.
Bryncoch (Neath)	..	..	..	..	New clinic.

With the exception of the Porthcawl clinic, it seems unlikely that the remaining projects will be commenced this financial year, and further delay is probable in the case of Ystalyfera, due to the inability to find a suitable site, while the housing development in Bryncoch will not have proceeded far enough to justify inclusion in the 1954-55 programme.

During the year it was found necessary, as the result of increased attendances at certain clinics and other local factors, to amend certain of the arrangements for the holding of clinic sessions.

The list of the variations which took place during 1953 is given below :—

Health Division.	Area served.	Location of Clinic Premises.	Type and frequency of Sessions now held.			Remarks.
Porthcawl and Mountain Ash	Penrhiwceiber	Bethesda English Baptist Church, Penrhiwceiber	Infant Welfare : Wednesday mornings			Previously held at Peniel Chapel Vestry.
	Hirwaun-Penywaun	Apostolic Church, Gamlyn Terrace, Penywaun	Infant Welfare : Friday afternoons			New provision.
Caerphilly and Gelligaer	Bargoed	Old Cottage Homes, Park Road, Bargoed	Smallpox—vaccination	As required	..	New provision.
	Caerphilly	Tonyfelin Welsh Baptist Chapel Schoolroom	Smallpox—vaccination	As required	..	New provision.

Health Division.	Area served.	Location of Clinic Premises.	Type and frequency of Sessions now held.	Remarks.
Caerphilly and Gelligaer— <i>cont.</i>	Nantgarw ..	Oxford Hall, Rhyd-yrhelig	Ante-natal : First Thursday morning in month Infant Welfare : First and third Thursday afternoons in month	Previously held at Y Winllan Vestry, Nantgarw.
Mid-Glamorgan ..	Nantymoel ..	Glanrhyd, Nantymoel	Infant Welfare : Wednesdays weekly	Previously held fortnightly
	Pontycymmer	M. & C.W. Clinic, Alexandra Road	Infant Welfare : Wednesday mornings fortnightly	Previously held Wednesday fortnightly.
Neath and District	Onllwyn ..	Y.M.C.A. Hall, Duffryn Cellwen	Infant Welfare : Thursday afternoons fortnightly	Previously held at Welfare Pavilion, Onllwyn.
Pontypridd and Llantrisant	Gilfach Goch	M. & C.W. Clinic, Gelliarael Road	Ante-natal : Thursday mornings three times monthly	Previously held Thursday mornings fortnightly.
Port Talbot and Glyncoirwg	Aberavon ..	Sandfields Community Centre	Ante-natal : Wednesday mornings weekly Infant Welfare : Wednesday afternoons weekly	Previously held at Penardarves Street.
South-East Glamorgan	Tongwynlais ..	Village Hall ..	Infant Welfare : Wednesday afternoons fortnightly	Previously held at Bethesda Chapel.
	Llanharry ..	M. & C.W. Clinic, Llanharry	Ante-natal .. Combined session held first and third Monday in month	Previously held Wednesday afternoons monthly.
	Llanharan ..	Calfaria Baptist .. Chapel	Ante-natal : Tuesday afternoons fortnightly Infant Welfare : Second and fourth Wednesday afternoons in month	Previously held monthly. Previously held fortnightly
	St. Athan ..	Church Hall ..	Ante-natal .. Combined sessions held on second and fourth Thursdays in month	Previously held fortnightly
West Glamorgan	Gorseinon ..	Old Report Centre ..	Ante-natal : Monday and Thursday afternoons weekly	Previously held on Thursday afternoons only.

The Health Committee were obliged to vacate the accommodation used for clinic purposes at the Church Hall, Bettws, and, pending the establishment of a new local clinic, this area is being served by the Llangeinor clinic. A bus is provided by the County Council to convey the Bettws mothers to the Llangeinor clinic.

The following tables give statistical details of the services provided for the care of mothers and young children during the year :—

[illegible]

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
<b>ANTE-NATAL AND POST-NATAL CLINICS.</b>										
(a) No. of clinics provided at the end of the year .. { Ante-natal clinics Post-natal clinics	8 —	14 1	18 —	5 —	7 —	10 —	10 —	5 —	7 —	84 1
(b) No. of sessions held per month at clinics included in (a) .. { Ante-natal clinics Post-natal clinics	25 —	28 1	44 —	22 —	33 —	30 —	35 —	20 —	40 —	277 1
(c) No. of women who attended during the year .. { Ante-natal clinics Post-natal clinics*	724 156 (156)	1,702 243 (110)	1,568 60 (60)	1,304 261 (261)	1,324 69 (69)	1,204 100 (100)	1,523 241 (241)	850 85 (85)	1,719 — —	11,918 1,215 (1,082)
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> previously attended any clinic during current pregnancy and for P.N. clinics women who had <i>not</i> previously attended any P.N. clinic after last confinement { Ante-natal clinics Post-natal clinics*	589 156 (156)	1,402 199 (105)	1,220 60 (60)	981 255 (255)	1,035 59 (59)	958 90 (90)	1,048 147 (147)	641 85 (85)	1,403 — —	9,277 1,051 (957)
(e) Total No. of attendances made by women included in (c) .. { Ante-natal clinics Post-natal clinics*	3,469 163 (163)	5,701 317 (134)	7,119 66 (66)	5,201 384 (384)	6,399 76 (76)	4,778 124 (124)	5,237 518 (518)	4,280 102 (102)	9,103 — —	51,287 1,750 (1,567)
* Women post-natally examined at ante-natal clinics are included and also shown in brackets.										
<b>INFANT WELFARE CENTRES.</b>										
(a) No. of centres provided .. .. .	9	23	29	12	13	14	27	18	7	152
(b) No. of sessions held per month at centres in (a)	40	58	94	34	40	38	78	48	76	506
(c) No. of children who attended centres for the first time during the year who were under 1 year of age .. .. .	1,030	1,371	1,427	1,004	1,055	928	1,528	901	1,476	10,720
(d) No. of children who attended during the year who were born in { 1953 1952 1948-1951	851 805 644	1,142 1,036 1,102	1,408 1,243 1,913	893 862 971	979 862 1,196	812 800 776	1,382 1,216 1,178	780 727 551	1,272 1,115 1,023	9,519 8,666 9,354
(e) Total No. of children who attended the centres during the year .. .. .	2,300	3,280	4,564	2,726	3,037	2,388	3,776	2,058	3,410	27,358
(f) No. of attendances during the year made by children who at the date of the first attendance were { Under 1 year .. 1 year but under 2 years 2 years but under 5 years	11,570 2,112 1,421	14,343 3,421 2,355	21,017 6,296 7,648	14,149 3,650 2,260	12,641 2,813 2,335	11,771 2,457 1,865	20,144 5,075 3,871	10,745 3,187 2,797	12,306 1,962 1,279	128,680 30,970 25,830
(g) Total No. of attendances made during the year	15,103	20,119	34,961	20,059	17,789	16,093	29,090	16,729	15,547	185,490



## EXPECTANT AND NURSING MOTHERS.

On the 31st December, 1953, clinic facilities for expectant mothers were available at eighty-four centres, thirty-seven of these being County Council-owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 275 to 277.

There has been no change in the clinic routine. There is a medical officer in attendance at all ante-natal clinics and at most of the infant welfare sessions. In most Divisions there are some part-time practitioners employed on a sessional basis for clinic work, but the majority of clinics are staffed by medical officers in the whole-time employment of the County Council.

Every midwife is vitally concerned in maintaining the expectant mother in a good state of health during pregnancy. At the ante-natal clinics, which the midwives attend on a rota basis, they are able to obtain the advice of the clinic medical officer on any unfavourable symptoms which may have been noticed in their routine examinations of the patient.

There is good liaison with the family doctors in cases where their active assistance is thought desirable, and co-operation between clinic medical officers and the maternity units of local hospitals has improved. Some general practitioners in the County hold regular ante-natal clinics at their own surgeries. This is an important and desirable development if done in collaboration with the Local Health Authority and hospital services and if patients are not discouraged from attending the Local Health Authority's ante-natal clinics should they wish to do so.

Blood sampling of expectant mothers is done as a routine measure at all the ante-natal clinics, specimens being sent for examination to the Blood Transfusion Service of the Regional Hospital Board.

The clinic is a particularly important province of the health visitor. It is in "her" clinic that she sees "her" mothers and "her" babies, and it is here that she turns to advantage any favourable opportunity for advising mothers, either individually or by group instruction on matters relating to their own or their families' health and welfare.

This method of health education produces much better results than the formal lecture or the mere handing out of pamphlets, which are often not read.

The desirability of continuing this essential personal service in its present form has been questioned at national conferences and in the medical Press from time to time. It seems fashionable to question the need of maternity and child welfare services and the school health service and merger with hospital and paediatric services has been suggested in some quarters as the proper step in the integration of the health services.

While no one would deny the place of the paediatrician and the consultant obstetrician in "this brave new world," I think the solution might be found in less, rather than more, hospital care. Until such time as health centres are established and general practitioners willingly co-operate in their operation, the clinics of the Local Health Authority, housed though many of them are in unsatisfactory premises, will maintain their deserved popularity among the mothers and continue to fulfil the educative and advisory functions which have always been considered to be the most important features of this service.

## *Post-natal Clinics.*

Mothers are encouraged to attend for post-natal examination if this has not been done by the general practitioner or at hospital. These examinations are done during ante-natal clinic sessions unless, as in the more populous areas, the numbers justify the arrangement of separate post-natal clinics.

In the Mid-Glamorgan Division, the special ante-natal and post-natal exercise classes, devoted to exercises taught by physio-therapists and talks by the medical and nursing staffs, were continued.

#### NATIONAL INSURANCE ACT, 1953.

Regulations made by the Minister of Pensions and National Insurance under the National Insurance Act, 1953, provided for new and improved maternity benefits as from the 26th October, 1953. A mother confined on or after that date was able to qualify, on her own or her husband's insurance contributions, for a maternity grant of £9 for each baby born. In addition, an entirely new benefit of £3—known as the home confinement grant, is available to help to offset the extra cost incurred by mothers whose confinements take place at home or where the costs of accommodation and maintenance are not met wholly or partly from public funds. New maternity allowance at the rate of 32s. 6d. per week for eighteen weeks also became payable in place of the former allowance of 36s. 0d. per week for thirteen weeks. The extra benefit for home confinements has not been in operation long enough to judge whether it is acting as an inducement to mothers to have their babies at home or at the home of a friend or relative rather than in hospital.

#### CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate in 1953 was thirty-one per thousand births, compared with forty-six, the rate for England and Wales, and is less than half the rate of sixty-seven recorded in 1945.

Unmarried mothers are advised to have their babies at home but, where this cannot be arranged because of accommodation or other difficulties, they are admitted to the Plasnewydd Hostel at Burry Port (where the County Council has a lien on two beds), or to the Salvation Army Hostels at Cardiff or Bristol, where much good work is being done in the rehabilitation of these unmarried mothers. The Cwmdonkin Shelter, Swansea, very occasionally admits Glamorgan girls, and in certain other instances the County Council has accepted financial responsibility for girls where, owing to their temporary residence elsewhere, it was impracticable to arrange for their admission to hostels in or adjacent to Glamorgan.

If admitted to hostels they are expected to remain there for at least three months.

During the year seventeen unmarried mothers were admitted for confinement to hostels under the County Council scheme and another one was admitted post-natally with her baby; this was thirteen less than in 1952. Of fourteen other girls who applied for admission, one left before confinement, nine refused to accept the conditions of admission, and four had the confinement in hospital.

Financial responsibility was also accepted for the maintenance of a mother and her child at a mother and baby home in Bristol.

#### CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 152 centres in use as infant welfare clinics, the majority being staffed by whole-time medical Officers and health visitors occasionally supplemented. Attendances showed an increase from 184,496 to 185,490.

These figures show that the desire of mothers to avail themselves of the facilities offered at infant welfare centres has been well maintained, although there is still room for considerable improvement in the attendances of children in the 1-5 age group. By the end of 1953, thirteen additional clinics had been established, and the number of sessions per month had been increased from 429 in 1948 to 506.

In some clinics qualified nurses not holding a health visitor's certificate assist, and there are a few clinics where, by a long-standing arrangement, a local practitioner attends on a sessional basis.



The clinics are mainly advisory in character, although one has sympathy with the clinic medical officer, who would prefer to prescribe or provide the treatment which he considers desirable, rather than risk the delay sometimes involved in referring the patient to the family doctor for trivial conditions. It needs, of course, to be emphasised that the Infant Welfare Service of the Local Health Authority is not intended to be a curative service; its functions are mainly advisory and educational. Although discouraged from giving clinical treatment, the enthusiastic clinic medical officer, together with his colleague, the health visitor, can, in co-operation with the family doctor, do much to encourage mothers to adopt sound practice in the nurture of their children. To some extent the success of the work of the clinic medical officer and the health visitor can be related to the prophylactic measures, such as immunisation against diphtheria or whooping cough.

Some of the hired premises used as clinics are very unsatisfactory, but little can be done to effect essential structural improvements, and in most areas there is no alternative accommodation.

The handicap under which work is done can be imagined from the following extract of a report of a Divisional Sub-Committee on a small church hall used as an infant welfare clinic :—

“The premises consist of one room, which is divided by screens for the use of the clinic medical officer and health visitors. The heating is by gas radiator and is fairly satisfactory.

The only toilet facilities are in the room beneath the stage, below ground level, and consequently no immunising or other treatment requiring surgical cleanliness can be done at this clinic.

The clinic is very well attended and there is an urgent need for better clinic facilities.”

The examination of boarded-out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. The health visitors report on the family history and other aspects of married couples wishing to adopt a child, and this information is furnished to the Children's Officer. On these and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments, and officer-level meetings, called by the Children's Officer as Co-ordinating Officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both Departments. These Committees serve a very useful purpose, particularly as detailed histories of most of the children taken into care are available in advance.

“The Laurels” Nursery at Neath is under the general medical supervision of the Divisional Medical Officer, and the services of my Department are also given in the special medical examination of boys and girls at Remand Homes, the Glamorgan Farm School, and at the various Children's Homes, including the nursery established at “Cartrefle,” Bridgend, in January, 1952.

#### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. It also provides for the registration of persons engaged in the day-minding of children for reward. There are one child-minding establishment and one child-minder registered under the Act, and routine visits of inspection were paid during the year.

A certain amount of unofficial child-minding is thought to be done in some areas but, speaking generally, most of the minding arrangements are made with relatives.

#### CARE OF PREMATURE BABIES.

In each Division selected midwives have attended special courses, either at Sorrento Hospital, Birmingham, or at St. David's Hospital, Cardiff, in the care of the premature infant. Specially designed,

easily portable equipment has been supplied to midwives responsible for the domiciliary care of premature infants. This scheme has been in operation for three years, and has ensured the survival of many babies who might otherwise have died.

The nursing care of the premature baby has always been a challenge to a midwife. One is always being told of exceptionally small babies who survived many years ago, but it is quite possible that with the passage of years the birth weights have declined in the particular babies. The present domiciliary midwives have had this natural enthusiasm supplemented by special training and special equipment.

The keeping alive of premature babies offers one of the most hopeful fields for the further reduction in infant mortality. Very few homes have the facilities to enable the very small premature baby to be nursed at home (under 3 lb. 4 oz.). It is of interest to compare the fate of premature babies born and nursed at home with those in hospital. Apart from those under 3 lb. 4 oz. the results in 1953 for Glamorgan were almost identical. The very small baby did better in hospital. The worst figures were for those born at home but subsequently transferred to hospital (Table I (B)). This group will include not only those with complicating physical defects, but also some where the home was not regarded as having adequate facilities for the specialised nursing required.

One comes to the conclusion that if there are grounds for suspecting that a baby is to be born prematurely, then it would be well for that baby to be born in hospital unless the home conditions are very good. Unfortunately, in so many instances it is not possible to anticipate a premature birth.

It is pleasant to record that, although domiciliary and hospital midwifery are under the control of different authorities, yet as far as the patient is concerned it is one service and there is the maximum co-ordination between domiciliary and hospital practice.

When the deaths of premature babies are examined in detail, it is observed that in 1953 of the twenty-three deaths at home, eighteen occurred during the first twenty-four hours after delivery. This emphasises the need for the special services to be available immediately, and in practice the specially trained midwife is employed full-time on the one case and her routine nursing duties of other cases are carried out by her colleagues.

Although there is still the need for a further saving in life of premature babies, yet the results of the special care now given to the premature babies are gratifying.

TABLE I (A)—NURSED ENTIRELY AT HOME.

Birth Weight.	1949.		1950.		1951.		1952.		1953.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
3 lb. 4 oz. or less .. ..	27	% 85.2	16	% 75.0	20	% 75.0	16	% 81.3	16	% 87.5
3 lb. 4 oz.—4 lb. 6 oz. ..	49	20.4	21	14.3	28	32.1	22	27.3	18	16.7
Sub Total ..	76	43.4	37	40.5	48	50.0	38	50.0	34	50.0
4 lb. 6 oz.—4 lb. 15 oz. ..	40	15.0	25	4.0	29	—	20	10.0	28	7.1
4 lb. 15 oz.—5 lb. 8 oz. ..	143	5.6	135	2.2	113	4.4	129	2.3	101	4.0
Sub Total ..	183	7.7	160	2.5	142	3.5	149	3.4	129	4.7
Total .. ..	259	18.2	197	9.6	190	15.3	187	12.8	163	14.1



TABLE I (B)—TRANSFERRED TO HOSPITAL.

Birth Weight.	1949.		1950.		1951.		1952.		1953.	
	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.	Births.	Died.
3 lb. 4 oz. or less .. ..	15	% 73·3	24	% 62·5	18	% 72·2	12	% 75·0	19	% 52·6
3 lb. 4 oz.—4 lb. 6 oz. ..	18	44·4	19	42·1	14	28·6	19	15·8	20	35·0
Sub Total ..	33	51·6	43	53·5	32	53·1	31	38·7	39	43·6
4 lb. 6 oz.—4 lb. 15 oz. ..	5	—	18	27·8	13	30·8	2	—	5	60·0
4 lb. 15 oz.—5 lb. 8 oz. ..	13	15·4	10	2·0	10	30·0	4	—	4	25·0
Sub Total ..	18	11·1	28	25·0	23	30·4	6	—	9	44·4
Total .. ..	51	41·2	71	42·3	55	43·6	37	32·4	48	43·8

TABLE I (C)—BORN IN HOSPITAL.

Birth Weight.	1953.	
	Births.	Died.
3 lb. 4 oz. or less .. ..	78	% 56·4
3 lb. 4 oz.—4 lb. 6 oz. ..	133	18·0
Sub Total ..	211	32·2
4 lb. 6 oz.—4 lb. 15 oz. ..	141	6·0
4 lb. 15 oz.—5 lb. 8 oz. ..	260	3·8
Sub Total ..	401	4·5
Total .. ..	612	14·1

TABLE II—PREMATURE BIRTHS (i.e. live-births and still-births of 5½ lb. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications).      2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) In hospital	..	..	..	612	(a) In hospital	..	..	..	118
(b) At home	..	..	..	211	(b) At home	..	..	..	34
(c) In private nursing homes (1) ..	—	—	—	—	(c) In private nursing homes (1) ..	—	—	—	4
				Total ..	823				Total ..
									156

	PREMATURE LIVE BIRTHS.												PREMATURE STILL-BIRTHS.					
	Born in hospital. (2)			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in Hospital.	Born at Home.	Born in Nursing Home.
Weight at birth.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	(17)	(18)	(19)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
3 lb. 4 oz. or less .. (1,500 gms. or less)	78	28	34	16	14	2	19	3	9	—	—	—	—	—	—	52	14	3
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500-2,000 gms.)	133	13	109	18	3	15	20	3	13	—	—	—	—	—	—	36	10	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000-2,250 gms.)	141	1	133	28	—	26	5	1	2	—	—	—	—	—	—	15	2	1
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250-2,500 gms.)	260	3	250	101	1	97	4	—	3	—	—	—	—	—	—	15	8	—
Total (3) ..	612	45	526	163	18	140	48	7	27	—	—	—	—	—	—	118	34	4

Notes.—(1) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.

(2) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.

(3) The totals in the above tables should correspond with the appropriate figures in items 1 and 2, e.g. item (b) should correspond with the sum of the total of columns (5) and (8).

#### OTHER PROVISION.

In some of the Divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers, and suitable appliances are sold at less than retail rates.

All these clinics are well attended.

#### TRAINING OF NURSERY NURSES.

During the year, eighteen first-year and eighteen second-year student nursery nurses have attended the course held at the Bridgend Technical College in preparation for Part 2 (children 2-5 years) of the National Nursery Examinations Board Certificate.

My deputy (Dr. R. T. Bevan), Dr. Kathleen Davies (Divisional Medical Officer of the Mid-Glamorgan Health Division), and Miss E. G. Wright (County Superintendent Health Visitor and School Nurse) lecture to students in the health section of the course, and visits of observation have been arranged to child welfare clinics.

#### SUPPLY OF DRIED MILKS, ETC.

The breast feeding of infants is encouraged in all our clinics, and mothers who are unable to breast feed their infants are urged to use National Dried Milk as a substitute. A limited range of proprietary milk and welfare foods is available at all clinics, and free issues of proprietary milk foods are made in necessitous cases.

In the few areas where voluntary committees are responsible for the purchase and sale of milk foods, this work has been continued without difficulty, thus dispensing with the need for sending clerks from the Divisional Office to undertake the sale of milk foods.

The fact that last year milk foods to the value of more than £30,000 were purchased by the Department or re-sale at infant welfare clinics is an indication of the popularity of this "side-line" of our Infant Welfare Service.

#### DENTAL CARE.

Although a complete dental service forms part of the County Council's scheme for expectant and nursing mothers and for children of pre-school age, failure to fill the vacancies caused by the wholesale resignations of full-time dental officers shortly after the 1946 Act became operative has resulted in serious interference with the dental care of this group. This amounted, in some areas, to complete cessation of dental treatment. The recruitment has, in the main, been unavoidably restricted to part-time sessional officers, many of whom later found it necessary, in the interests of their private practice, to reduce the number of sessions they were prepared to devote to work for the Local Health Authority.

The lessened demand for dental treatment by members of the general public has, undoubtedly, eased the former strain under which most private dental practitioners were working prior to the imposition of certain charges for dental treatment but, contrary to expectations, does not seem to have resulted in any appreciable number of dental officers becoming available for whole-time appointments.

The need to build up the priority dental service for expectant and nursing mothers and children of pre-school age, as well as for pupils in attendance at school, has been made greater than ever by the inadequacy of the services, and since the outbreak of war it has never been sufficient to attempt more than a small proportion of the work which would be necessary under a comprehensive dental scheme.

There is little doubt that many of the priority classes are being treated by private practitioners, who are probably able to give more time to these patients in practices where the case load has fallen.

Mr. John Young, L.D.S., the Principal Dental Officer, has contributed the following report on the dental treatment of expectant and nursing mothers and children of pre-school age :—

“It is very regrettable to have to again report that we are still in the unfortunate position of not being fully able to cater for the dental needs of those who are eligible for treatment by our services. This regret has been expressed by Chief Dental Officers all over the country, whose plans have had to be reorganised because of poor recruitment to the service. I am afraid that reports in certain quarters referring to the increase in the numbers of dental officers in the Public Health Service have been rather misleading, for the Service is still seriously undermanned. I have been informed by some of my colleagues in other authorities that they have had to curtail their service to the priority classes to a minimum. This is very unfortunate, since the responsibility has been laid upon us, and I am rather pleased to be able to say that considering our very attenuated service we have for the most part been able to deal with those cases which have presented themselves for treatment inside our Maternity and Child Welfare Dental Service. It goes without saying that given a more adequate staff, we should be able to expand our service immeasurably.

Our staffing problems were no better in 1953 than they have been in the past few years. In fact they were rather worse. At the beginning of the year 1953 we had, including the Rhondda Exceeded Area, a staff of seven full-time dental officers and fifteen part-time dental officers. We experienced several changes during the year, and on the 31st December, 1953, we had a staff of five full-time dental officers and twenty-one part-time dental officers, including the Rhondda area. The amount of time given to us by the part-time staff varies with the amount of time each of them can find possible to give us, and the amount of time given by our staff of twenty-one part-time officers amounted to the equivalent of five-and-a-half whole-time officers.

The greater portion of our dental officers' time is spent upon the treatment of school children, but the figures shown upon the accompanying table show a very favourable return for the amount of time spent upon maternity and child welfare cases, comparing very favourably with previous years. The rise in figures noted in 1952 in certain Divisions has been maintained, and even improved upon, but this always depends upon the vagaries of the staffing position and the numbers of applicants for treatment.

In 1953, 1,188 expectant and nursing mothers were referred to our dental clinics by our maternity and child welfare centres, 178 more than the previous year. Out of this number, 1,159 were found to require treatment, 1,023 were actually treated, and 544 were rendered dentally fit. I always feel it necessary to explain the low number of those rendered dentally fit in comparison with the numbers treated. The explanation is always the same, that frequently the approach of confinement dates, nursing difficulties, and so on interfere with the patients' regular attendance and, of course, numbers commenced in one year frequently continue into the following year. The number of teeth extracted for this group was 3,612, which is 279 more than in 1952. 849 administrations of nitrous oxide and oxygen were given for these above extractions and 399 fillings were inserted, 152 more than in the previous year. Other forms of treatment, such as scalings, dressings, gum treatments, and prophylaxis amounted to 340 items, and 209 dentures were supplied, which is thirty-six more than in 1952.

The figures relating to the dental treatment of pre-school age children are generally slightly lower than those of 1952, with one notable exception, i.e. the number of fillings inserted into the teeth of these tiny patients. 1,130 pre-school age children were referred to us, a drop of seventy-nine since the previous year.



Of these, 1,087 were found to require treatment, 946 were actually treated, and 737 were rendered dentally fit. 2,440 teeth were extracted, and 228 fillings were inserted, thirty more than in the previous year. Ninety other forms of treatment are recorded, these other forms include scalings, gum treatments, dressings, and silver nitrate treatment. I wrote in my report of last year of the value of this last form of treatment, but generally I would stress again how important it is, as is also conservation work of all forms upon the temporary dentition. There have been some regrettable instances where the operator has had to extract all or nearly all of an individual child's temporary dentition of necessity, but our aim is to conserve it as much as we possibly can, to prevent the collapse of the arch and later mal-position of the permanent dentition, which would call for further extraction and very probably orthodontic treatment. For this group 815 nitrous oxide and oxygen administrations were given, making a total of 1,664 administrations for both classes.

The importance of the preservation of the temporary dentition is something to which the attention of mothers of young children has been drawn, not only in our dental clinics, but also in the clinics of the Maternity and Child Welfare Service. As a result, our services are increasingly being sought by mothers anxious for the preservation of their children's temporary teeth. I believe this to be a definite step forward and wish that we were sufficiently well staffed to not only expand the clinic side of our activities, but to also develop the equally important side of propaganda to ensure a proper appreciation of oral hygiene."

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
<b>EXPECTANT AND NURSING MOTHERS.</b>										
Examined .. .. .	83	91	108	106	102	155	86	69	388	1,188
Needing treatment .. .. .	81	81	105	106	102	148	79	69	388	1,159
Treated .. .. .	73	69	80	79	49	146	74	65	388	1,023
Made dentally fit .. .. .	46	20	51	38	22	84	67	65	151	544
Extractions .. .. .	234	215	374	381	727	578	345	140	618	3,612
Anaesthetics { Local .. .. .	71	82	66	11	135	33	44	74	17	533
{ General .. .. .	66	37	43	87	79	136	88	26	285	847
Fillings .. .. .	31	30	17	53	35	88	44	34	67	399
Scalings or scaling and gum treatment .. .. .	8	29	22	5	22	16	1	9	69	181
Silver nitrate treatment .. .. .	—	4	—	—	—	—	1	—	—	5
Dressings .. .. .	18	14	17	9	9	15	—	4	68	156
Radiographs .. .. .	1	5	4	1	9	1	2	3	—	26
Dentures provided { Complete .. .. .	2	5	9	2	7	15	5	1	2	48
{ Partial .. .. .	5	15	16	23	15	31	16	5	35	161
<b>CHILDREN UNDER 5 YEARS OF AGE.</b>										
Examined .. .. .	50	120	225	129	78	241	123	47	117	1,130
Needing treatment .. .. .	50	115	212	125	78	230	117	43	117	1,087
Treated .. .. .	45	85	186	103	31	227	115	37	117	946
Made dentally fit .. .. .	40	20	178	82	10	166	112	37	92	737
Extractions .. .. .	70	158	614	366	111	566	310	71	174	2,440
Anaesthetics { Local .. .. .	12	—	15	40	1	251	4	23	—	346
{ General .. .. .	25	104	174	86	47	130	140	30	79	815
Fillings .. .. .	2	22	9	95	20	49	28	2	1	228
Scalings or scaling and gum treatment .. .. .	—	—	—	—	—	—	—	—	—	—
Silver nitrate treatment .. .. .	—	1	—	10	—	—	—	2	15	28
Dressings .. .. .	1	15	17	8	3	16	1	—	—	61
Radiographs .. .. .	—	—	—	—	1	—	—	—	—	1

### SECTION 23.—COUNTY DOMICILIARY MIDWIFERY SERVICE.

On the 31st December, 1953, there were in the Administrative County 153 midwives who had notified their intention to practise. Twenty of this number were actually practising as independent midwives. In the County Domiciliary Midwifery Service 133 were employed, thirteen being engaged as nurse-midwives. (Seventeen nurse-midwives were officially employed, three of whom were undertaking full-time home nursing duties, and another one was temporarily engaged in whole-time midwifery.)

The arrangements for the supervision under the Midwives Acts remained the same as in previous years. At the Central Office there is a County Non-Medical Supervisor of Midwives and Home Nurses, and for each of the nine Divisions there is a Divisional Non-Medical Supervisor.

One of the features of this service has been the steadily falling number of domiciliary births. This is shown in the graph on page 24. Last year, however, County midwives attended 4,658 deliveries, an increase of 167 compared with the previous year's total of 4,491. This was the first occasion since 1947 for the number of domiciliary births to increase (there was also a slight fall in the number of hospital births). The cost per case attended was £25 0s. 1d.

Prior to 1948 most midwives who attended domiciliary confinements did so in their capacity as midwives—no doctor having been engaged by the patient. Since then it has become an increasing practice for patients to arrange for a medical practitioner to provide them with medical care. Because of this tendency—a very commendable one—for the expectant mother to engage the services of a doctor to look after her during her pregnancy and confinement, most of the domiciliary midwifery cases are now attended by her in the capacity of maternity nurse.

Changes in the birth rate and the availability of maternity beds in hospitals are two important factors which have a marked influence on the case-load of the domiciliary midwife. The annual case-load of midwives in the County service steadily declined from forty-two in 1948 to thirty-three in 1952. The fall, however, was halted in 1953, when the average case load per midwife rose to thirty-seven.

Because of the increase of maternity bed accommodation, hospitals are able to admit more mothers on social grounds, rather than because of any actual or threatened complication of pregnancy.

It is too early to forecast whether the increased maternity benefits which came into operation in October, 1953, will have any marked effect on the number of home confinements. If the number of births continues to fall and the number of confinements in hospital increase, it will be extremely difficult to provide a domiciliary service which will be prompt, efficient, and economical.

Since 1948 there has been a substantial reduction in the number of midwives employed in the Department, but there are obvious limits beyond which it would be unwise to reduce the midwifery establishment if mothers who prefer to be confined at home are to receive proper attention. In addition to the reduction since 1948 in the number of whole-time midwives employed, in most areas the former arrangements under which domiciliary relief midwives were appointed to cover sickness and holiday periods have been discontinued. Wherever it is practicable to do so midwives are expected to relieve one another, except where occasionally the appointment of temporary help is necessary at holiday times and during prolonged periods of sickness.

The reduced case-loads of midwives are not peculiar to Glamorgan. Paradoxically it is only with extreme difficulty that applicants can be found for permanent appointments in the County Midwifery Service. Twenty-one midwives are due to retire within the next five years and, although it may not be necessary to replace all of them, where replacements are considered essential it is almost certain that suitable applicants for the vacancies will be few.

## GAS AND AIR ANALGESIA.

During the year the number of patients who received gas and air analgesia was 3,280, i.e. 348 more than in 1952, which was 70·4 per cent of cases attended, as compared with 65·3 per cent in 1952.

Midwives are supplied with Pethedine for administration during labour, the supply and issue of this pain-relieving drug being strictly controlled by the Divisional Medical Officer or the Non-Medical Supervisor acting on his behalf. The drug was administered to 1,987 (41·9 per cent) of the 4,745 cases attended during the year.

Special importance is attached to the ante-natal supervision of patients. Patients are encouraged to attend the ante-natal clinics, when the midwives who will attend them in confinement will be present to discuss the case with the clinic medical officer. Visits are made twice monthly by the midwife to her patient's home up to the last four weeks of pregnancy, and thereafter weekly until confinement. Co-operation between the Midwifery Service and general practitioners has always been extremely good in the County, and only on very rare occasions since the appointed day have complaints been received, either from doctors or patients, about this service.

In most areas of the County rapid transport of mothers in labour to hospital is provided for by the Ambulance Service. Even so, during the year ten babies were born in ambulances.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year, and a total of 11,939 home nursing visits were made by County midwives. This afforded much relief to their hard-pressed colleagues and, I think, has led to a closer appreciation by the midwives of the work of the Home Nursing Service.

## TRAINING OF MIDWIVES.

The Part II Training School at Neath provides accommodation for six pupils. There is a very restricted choice of applicants for training and, as in previous years, it has been difficult to find a sufficient number of domiciliary cases in Neath to ensure that each pupil midwife attends the requisite number of births. A similar situation arises in Barry in respect of the Part II Training School established at the Barry Nursing Home by the Cardiff Hospital Management Committee.

## REFRESHER COURSE.

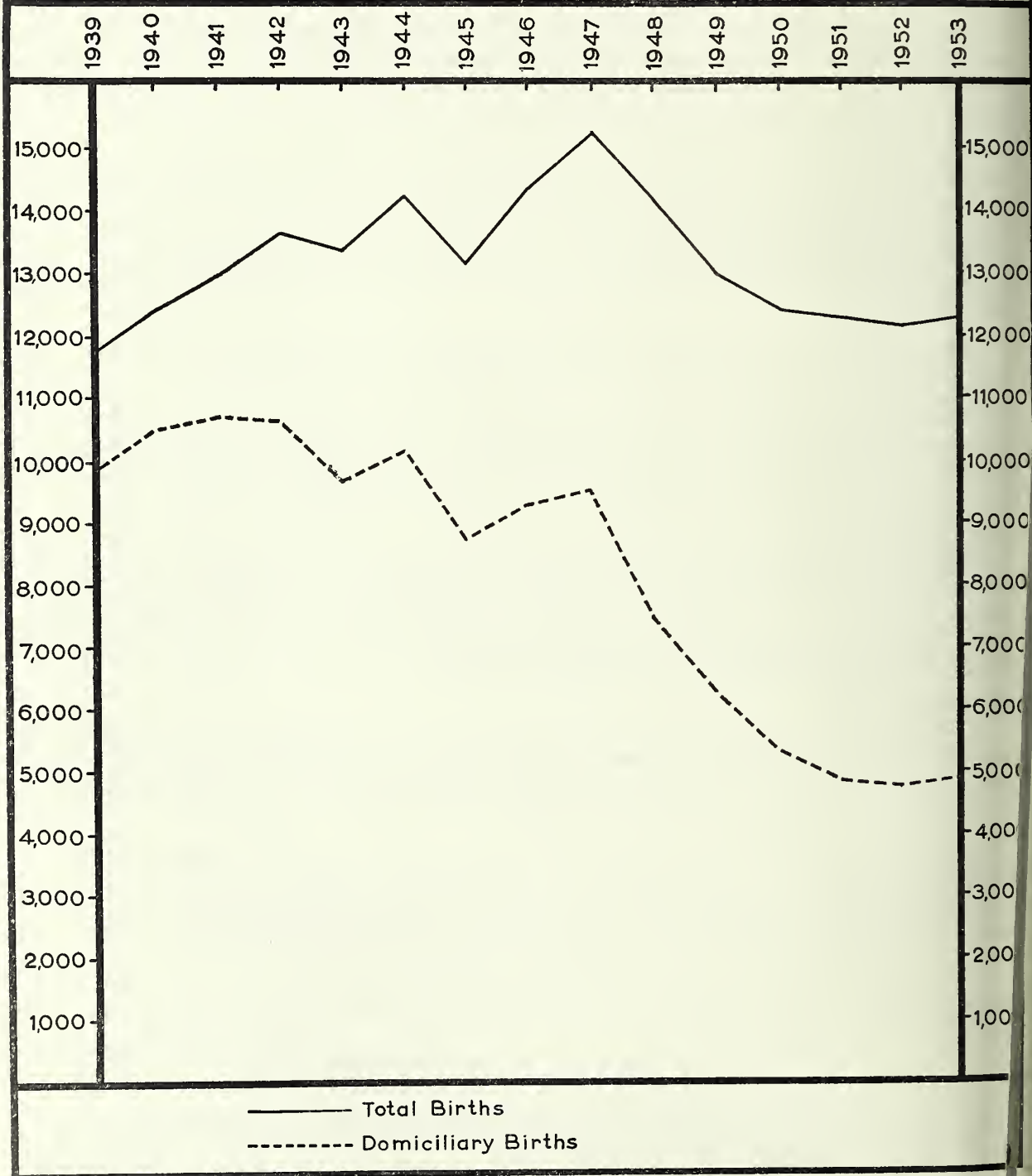
The practice of arranging our own post-graduate courses for those engaged in domiciliary midwifery has been continued. In March two groups of County midwives attended refresher courses held at the County Hall. The course for each group lasted two days, and included the following programme of lectures:—

FIRST DAY.	
<i>Subject.</i>	<i>Lecturer.</i>
"The Midwifery Service in relation to the Home Nursing Service"	Dr. W. E. Thomas, County Medical Officer.
"The Home Help Service" .. .. .	Mrs. N. O. Parry, County Home Help Organiser.
"Obstetrical Emergencies encountered by a County Midwife"	Dr. Grace M. Phillips, Obstetrician.
"Congenital Deformities" .. .. .	Dr. J. Jacobs, Consultant Paediatrician, St. David's and Llandough Hospitals.
SECOND DAY.	
"Neo Natal Deaths" .. .. .	Dr. R. T. Bevan, Deputy County Medical Officer.
General Discussion.	
"The Care of the Premature Baby" .. .. .	Dr. V. Mary Crosse, O.B.E., Consultant Paediatrician to Birmingham Hospitals Group and Medical Officer in Charge, Sorrento Maternity Hospital, Birmingham.

The course was one of the most successful ever held for our midwives, who showed considerable interest in the subjects covered by the lecturers, and were particularly appreciative of Dr. Mary Crosse's account of her work on the care of the premature baby.



# BIRTHS







## MEDICAL AID.

This was summoned, in accordance with the rules of the Central Midwives Board, on 1,233 occasions for reasons shown in the following table. This compares with a figure of 1,198 for 1952 and 1,420 in 1951.

## MIDWIVES ACT, 1951.

## SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1953.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath.	Pontypridd.	Port Talbot.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) <i>Ante-natal</i> .										
(a) Albuminuria .. .. .	—	6	7	8	2	9	1	—	5	38
(b) Eclampsia .. .. .	—	—	—	—	—	—	—	—	1	1
(c) Ante-partum haem. .. .	3	16	1	5	10	3	5	8	21	72
(d) Abortions .. .. .	—	31	2	4	16	8	12	6	34	113
(e) Miscellaneous .. .. .	—	11	2	26	2	1	—	4	10	56
(ii) <i>Natal</i> .										
(a) Placenta praevia .. .. .	—	—	—	1	1	—	—	1	—	3
(b) Prol. 1st st. lab. .. .	2	10	6	8	10	9	—	—	4	49
(c) Prol. 2nd st. lab. .. .	10	10	7	11	8	6	3	7	12	74
(d) Ab. presentation .. .. .	7	6	11	2	7	7	2	2	11	55
(e) Miscellaneous .. .. .	2	14	9	20	3	—	1	11	6	66
(iii) <i>Post-natal</i> .										
(a) P.-n. convulsions .. .. .	—	—	—	—	—	—	—	—	—	—
(b) Albuminuria .. .. .	—	—	—	—	—	—	—	—	—	—
(c) Rupt. perineum .. .. .	20	54	34	42	20	28	8	14	30	250
(d) Plac. abnormalities. .. .	—	5	1	3	3	7	—	2	9	30
(e) Post-partum haem. .. .	—	16	1	6	8	5	—	3	10	49
(f) Puerp. pyrexia .. .. .	4	11	4	3	8	—	2	8	13	53
(g) Breast conditions .. .. .	—	3	3	—	1	3	—	1	—	11
(h) Stillbirth .. .. .	1	2	—	1	9	5	9	2	1	30
(j) Miscellaneous .. .. .	3	10	1	15	5	1	—	9	11	55
(2) RELATING TO INFANT.										
(a) Neo-natal dis. .. .. .	—	3	5	—	3	—	—	2	—	13
(b) Asphyxia .. .. .	—	2	2	1	3	2	3	1	7	21
(c) Malformation .. .. .	—	3	1	8	9	3	1	1	5	31
(d) Eye conditions .. .. .	—	10	3	2	2	2	7	1	8	35
(e) Prematurity .. .. .	—	—	1	9	5	3	—	2	15	35
(f) Skin conditions .. .. .	1	2	—	4	—	—	—	4	—	11
(g) Jaundice .. .. .	—	3	3	—	—	—	—	1	3	10
(h) Miscellaneous .. .. .	2	30	2	15	2	2	—	4	15	72
Totals .. .. .	55	258	106	194	137	104	54	94	231	1,233

## SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County Superintendent Non-Medical Supervisor acting on my behalf as liaison officer.

Non-Medical Supervisors are also responsible for the supervision of the Home Nursing Service and the Home Help Service. As in previous years, duties in connection with the latter service took a considerable proportion of their time, and this has remained a matter of concern.

The following figures of midwifery inspections carried out during the year, compared with the previous year, show an increase in the extent to which other claims have been made on the time of these officers :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Domestic Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncoffwrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
To County Midwives .. .. .	71	311	193	157	66	121	174	138	72	1,303
To Independent Midwives .. .. .	9	—	3	—	—	3	—	2	3	20
To Nursing Homes .. .. .	—	6	3	—	—	—	10	—	—	19
To Home Nurses .. .. .	54	205	59	129	40	118	148	263	56	1,072
To Home Helps and Applicants for Home Help .. .. .	816	579	788	493	442	622	426	481	550	5,197

SUPERVISION OF NURSING HOMES.

It is the duty of the County Council to license private nursing homes (including maternity homes) after inspection, and to revisit them at intervals to see that an adequate service is maintained and that the terms of the licence are fulfilled. Regular inspections were carried out during the year to ensure the proper maintenance of the two nursing homes registered under Section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there was only one agency registered under the Nurses' Acts, 1943–45.

SECTION 24.—HEALTH VISITING SERVICE.

On the 31st December, 1953, the service comprised the County Superintendent Health Visitor, nine Divisional Superintendents, six whole-time health visitors, and 111 health visitor/school nurses. Eleven of the latter, although not in possession of the Health Visitor's Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

While, as in previous years, most of the 266,707 visits made by health visitors under Local Health Authority arrangements were to the homes of children under five years, the co-ordination of this work with other home visiting duties, e.g. to expectant mothers, to tuberculosis households, to the aged and infirm, and to special cases and in connection with follow-up visits for the School Health Service means that the individual health visitor has a varied and heavy case-load.

Regular visits by health visitors to selected mental defectives have also been continued, as well as to problem families, their reports on the latter being of considerable value to the Divisional Co-ordination Committee.

There is considerable room for the development of the Health Visiting Service if it is really to give the extended service suggested in the 1946 Act, but within the limits of available staffing resources much good work is being done for groups not previously catered for.

### AFTER-CARE OF GASTRIC CASES.

In connection with a survey which is being undertaken by Dr. Ernest Evans, the Consultant Physician at the East Glamorgan Hospital, the follow-up of gastric cases which had received treatment at the hospital has been continued and is now in the third year. Dr. Evans hopes to publish the results shortly.

### STUDENT HEALTH VISITORS.

For each of the past three years assistance has been given by the County Council to six selected nurses desirous of taking the Health Visitors' Course at the Welsh National School of Medicine. Dr. R. T. Bevan, Dr. Gwladys Evans, and Miss E. G. Wright are on the panel of lecturers for this course. These students "earn while they learn," receiving half the minimum of the salary scale for qualified health visitors. During their Christmas vacation those attending the course are given opportunity, in company with an experienced health visitor on the County staff, of doing practical health visiting in the County area.

In return for this assistance students give an undertaking to remain in the service of the County Council for a period of not less than two years after the successful completion of their course of training. This arrangement has proved a valuable source of recruitment of newly trained health visitors.

### REFRESHER COURSE FOR HEALTH VISITORS AND SCHOOL NURSES.

The annual refresher course was held at Dyffryn House during Whit-week, 1953. It was attended by thirty-eight health visitors, who much appreciated the programme of lectures and visits that had been arranged. The programme of the course was as follows :—

1st day	..	Introductory Lecture—"The Health Visitor and Social Work"	..	..	..	..	..	..	..	Dr. R. T. Bevan.
		"The Handicapped School Child"	..	..	..	..	..	..	..	Dr. W. E. Thomas.
		"Maladjusted Children"	..	..	..	..	..	..	..	Dr. J. P. Spillane.
2nd day	..	"B.C.G."	..	..	..	..	..	..	..	Professor F. R. G. Heaf.
		"Case Histories"	..	..	..	..	..	..	..	Miss E. G. Wright.
		Group Visits to—								
		St. David's Hospital, Cardiff.								
		Blood Transfusion Centre, Cardiff.								
		Salvation Army Welfare Hostel, "Northlands," Cardiff.								
		"The Lindens" Hostel of Maladjusted Children, Penarth.								
3rd day	..	"The Unmarried Mother"—Discussion Groups.								
		"Social Problems of the Mental Defective"	..	..	..	..	..	..	..	Dr. T. B. Jones.
		"Child Health"	..	..	..	..	..	..	..	Dr. P. T. Bray.
4th day	..	"The Health Visitor of the Future"	..	..	..	..	..	..	..	Miss Mary E. Davies.
		"Problem Families"	..	..	..	..	..	..	..	Dr. R. C. Wofinden.
		Visit to Hensol Castle, near Pontyclun.								
5th day	..	Discussion.								

My thanks are again due to the Education Committee and its Chairman (County Alderman Llewellyn Heycock) and to the Director of Education (Dr. Emlyn Stephens, M.Sc.) for placing Dyffryn House and its excellent facilities at the disposal of my Department for this event.

The revised syllabus of the General Nursing Council contains an important new section which provides that student nurses undergoing general training should receive instruction in the social aspects of disease. If this section is properly applied the trained nurse of the future will have been informed of the preventive side of the health service and will, I hope, be prepared to take advantage of any health teaching opportunities which may present themselves in whatever branch of nursing she decides to follow.

During the year the Minister of Health decided to appoint a working party to advise on the proper field of work and the recruitment and training of health visitors in the National Health Service and School Health Service.



I consider that such an enquiry was long overdue. In recent years and in many places much unfruitful discussion on the training of health visitors and their place in the hierarchy of medico-social workers has, I think, resulted in a reduction in the numbers of candidates desirous of qualifying as health visitors.

If not speedily dealt with, this uncertainty about the future position of the health visitor, particularly in relation to other social workers, will continue to have a detrimental effect on recruitment and on the morale of those now engaged in the Health Visiting Service.

The health visitor remains the most important social visitor in the family, for her interests are not restricted to the infant, the mother, the school child, or the aged and infirm grandparent, but to the family as a group. She is thus able to see the family as a whole and make a balanced assessment of the various problems confronting, or relating to, individual members and is, therefore, perhaps a little more able than the specialist social worker to deal with them in a rational way. In the development of this new conception of her work the interest of the general medical practitioner has been sought. Throughout the County general practitioners have been informed of the extended functions of the health visitor and of the ways in which the health visiting service may be of assistance to the busy practitioner.

Ignorance of and misunderstanding about the work of the health visitor are not restricted to members of the public. In recent years much, if not one-sided, emphasis has been placed on "curative" medicine, and doctors and nurses, whether engaged inside hospitals or in practice outside, are liable to overlook, if not forget completely the useful contribution which the health visitor can make in furthering the gospel of positive health and in advising how to attain it.

The useful work she accomplished in the early days of the Maternity and Child Welfare Service during and after the 1914-18 War is in some ways disadvantageous to her status. By many mothers who are unmindful of the varied duties she may be called upon to undertake as a medico-social worker she is still regarded, albeit with respect and affection, as "the clinic nurse."

Section 24 of the National Health Service Act, 1946, clearly imposes on every Local Health Authority the duty to make provision in their area for the visiting of persons in their homes, by the appointment of persons to be called "health visitors," for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection.

The health visitor by her specialised training and experience is competent to give this fuller service, and it is the aim of the Health Committee and the Department to supply it.

#### HEALTH VISITING STATISTICS.

The following table shows the number of health visitors employed in the respective health divisions, and the number of visits paid during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.		
No. of Health Vis- itors employed at the end of the year	{	Whole-time on health visiting	—	—	—	4	—	—	—	2	—	6		
		Part-time on health visiting	11	11	15	8	11	10	17	9	19	111		
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			6.90	8.00	12.07	9.46	7.20	7.10	13.00	8.34	11.40	83.47		
No. of visits paid by Health Visitors	{	Expectant mothers	{	First visits	490	470	1,015	570	462	341	190	545	664	4,747
			Total visits	1,335	893	2,455	943	720	641	435	836	1,227	9,485	
	{	Children under 1 year of age	{	First visits	1,122	1,511	1,752	1,096	1,172	1,016	2,036	1,021	1,754	12,480
			Total visits	9,590	7,297	8,022	5,385	7,792	8,466	12,951	9,670	19,272	88,445	
	{	Children between ages 1-2 years	.. Visits	3,762	4,033	3,227	2,813	4,013	4,062	7,305	4,395	8,739	42,349	
			Children between ages 2-5 years	.. Visits	8,905	8,793	10,329	6,606	6,730	8,994	13,041	10,354	10,029	83,781
	{	Tuberculous Households	.. Visits	1,944	878	2,306	1,218	1,783	1,778	1,161	1,586	5,224	17,878	
			Others	.. .. Visits	6,475	872	3,680	2,477	3,317	1,100	1,758	1,835	3,282	24,796

## SECTION 25.—HOME NURSING SERVICE.

The staff complement in this service was 119 whole-time, twenty-one part-time, and seventeen nurse-midwives. To meet the needs of the service one of the nurse-midwives was temporarily performing whole-time midwifery duties and another three were actually employed as whole-time home nurses, giving an effective home nursing strength on the 31st December, 1953, of :—

122 whole-time home nurses ;  
21 part-time home nurses ;  
13 nurse-midwives.

The following comparative table shows the demands made upon this service during the last four years :—

Year.	Cases attended.	Visits paid.
1950	15,510	391,861
1951	16,692	435,285
1952	15,030	445,014
1953	16,665	470,376

Health Divisions.	No. of cases attended.					Total visits paid.					No. of cases remaining on registers at the end of the year.							
	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.
Aberdare and Mountain Ash ..	1,079	278	25	137	13	15	39,715	11,797	221	6,096	229	135	218	49	1	3	—	3
Caerphilly and Gelligaer ..	1,522	872	5	81	23	18	37,084	18,341	23	2,641	177	87	277	96	—	18	1	—
Mid-Glamorgan ..	1,228	642	4	69	18	10	34,694	16,636	35	2,960	196	162	258	93	—	19	—	—
Neath and District ..	1,130	252	6	128	—	4	26,651	7,502	6	5,299	—	21	170	30	—	19	—	—
Pontypridd and Llantrisant ..	932	434	7	59	13	4	19,162	9,295	31	2,052	97	25	143	52	—	8	—	—
Port Talbot and Glyncoerwrg ..	996	411	7	88	15	27	24,029	10,122	39	2,842	94	198	181	49	—	11	—	1
South-East Glamorgan ..	1,428	620	12	50	20	20	44,978	13,340	39	3,537	98	137	306	92	—	8	1	1
West Glamorgan ..	1,179	389	15	84	18	69	36,992	13,009	68	4,453	232	468	235	58	—	18	—	3
Rhondda ..	1,685	440	5	36	6	37	59,114	12,648	42	2,108	39	380	409	57	1	13	—	2
Totals ..	11,179	4,338	86	732	126	204	322,419	112,690	504	31,988	1,162	1,613	2,197	576	2	117	2	10



The heavy demand for the services of this hard-working group has been maintained during the year, and in many areas it has been met only with great difficulties and by placing extra burdens on nurses already attending more than a reasonable case-load. The work is heavy on account of the fairly high proportion of chronic cases, Hemiplegias, etc., which exact a heavy physical strain from those involved in their domiciliary nursing care.

Mass radiography is finding more cases of early pulmonary tuberculosis in the general population, and there is a shortage of nursing staff in the tuberculosis hospitals. While waiting for beds in tuberculosis hospitals patients are nursed at home under the direction of the chest physician, and the home nurse's work has expanded considerably by reason of the modern methods of treatment, usually by injection of Streptomycin and P.A.S. or I.N.A.H.

In relation to the treatment of tuberculosis patients at home, the following extract from the annual report for 1953 of Dr. R. G. Prosser Evans, Consultant Chest Physician, on the work of the Neath Chest Clinic is of interest :—

*"Domiciliary Treatment.*

A number of patients are still undergoing domiciliary treatment pending admission to hospital/sanatorium. In many instances this treatment is carried to completion at home. On the other hand, a number of cases have extensive bilateral disease with cavitating lesions and these patients are the real public health problem. If admitted to hospital they block a bed for an interminable period and so prevent the admission of a case for which immediate active hospital treatment would result in an arrest of the disease with the prospect of a permanent cure.

Unfortunately, there is no accommodation available for this former type of case, as in effect, the only important treatment is to segregate the patient and so prevent the infection of contacts. A formidable number of such cases occupy the Tuberculosis Register, and it is an unfortunate fact that a good percentage of these cases are found in the older age groups. This problem is of paramount importance and should occupy the urgent attention of the Regional Hospital Board. The South Wales Sanatorium might well be considered to accommodate such cases. The trend in the treatment of Respiratory Tuberculosis is still in favour of surgical measures, and results, so far, have supported this method of therapy."

Shortage of hospital beds also may cause the earlier discharge of patients who require home nursing or nursing supervision in the convalescent stage, and the Committee are well aware of the large numbers of elderly chronic sick who have to be nursed at home because of the small number of hospital beds available for patients in this group.

A considerable proportion of the increased number of visits made by home nurses may be accounted for by the greater tendency to utilise their services for giving injections. The following summary of a survey of cases of certain nurses in one Division during the week ended the 31st October, 1953, shows clearly the relatively high number of injections given by each nurse :—

SUMMARY OF WORK PERFORMED BY CERTAIN HOME  
NURSES FOR THE WEEK ENDED 31ST OCTOBER, 1953.

Nurse.	No. of Cases.	No. of Visits.	No. of Injections.
A.	50	129	118
B.	42	105	84
C.	58	111	93
D.	25	70	40
E.	44	97	47
F.	35	94	61
Totals ..	254	606	443

In hospital the nurse has at hand every modern device or piece of equipment which can be used for the benefit of her patient. In the domiciliary service she works with a minimum of equipment and under quite difficult and different conditions.

Whether some form of additional special training should be given to those who desire to undertake domiciliary nursing is a question now receiving the attention of a Committee appointed by the Minister to consider what training it is desirable for registered nurses and assistant nurses to undertake prior to their employment on home nursing duties. What cannot be ignored in any consideration of this matter is the present shortage of recruits to this service and the fact that in filling vacancies we have to depend upon married women candidates residing in the area to be served. It is not unreasonable to assume that married women nurses, particularly with domestic obligations, would prefer to seek non-resident posts in nearby hospitals rather than undergo as a condition of appointment to the more arduous post of district nurse a period of further training, possibly in a residential "training school".

The total nursing needs of sick persons requiring frequent if not constant care throughout the whole day cannot be met by the present restricted domiciliary service, and night nursing, no matter how necessary or desirable it may be for certain patients, cannot be undertaken.

In the absence of provision in this County for a service partial or otherwise, of night nurses or night attendants for those patients where such assistance is required, our domiciliary nurses have to make late night visits (e.g. 10 p.m. or later) to patients for whom injections have been prescribed. There is no doubt that in particular cases the provision of a night nursing service would give much needed relief to relatives who because of the need to sit up at night with the patient are unable to have reasonable periods of unbroken sleep.

#### REFRESHER COURSE.

A very successful refresher course for home nurses was held between the 30th October and the 30th November, 1953. It followed the usual pattern and consisted of a two-day course at the County Hall, the course being duplicated in order that the nurses could attend in two groups. A programme of the course is given overleaf :—

<i>Subject.</i>	<i>Lecturer.</i>
Inaugural Address . . . . .	Dr. W. E. Thomas, County Medical Officer.
"Home Nursing of the T.B. Patient" . . . . .	Dr. S. H. Graham, Chest Physician, Chest Clinic, Cardiff.
"The After-Care of the Diabetic" . . . . .	Dr. Leonard Howells, Consultant Physician, Cardiff.
"Recent Advances in the Care of the Mental Patient" . . . . .	Dr. J. P. Spillane, Deputy Physician Superintendent, Whitchurch Hospital.
"Asthma and Bronchitis" . . . . .	Dr. D. A. Williams, Consultant Physician, Cardiff.
"The Problems of the Aged" . . . . .	Dr. A. R. Culley, Welsh Board of Health.
"The Work of the Welfare Department" . . . . .	Mr. J. H. Bargh, Director of Welfare Services.
"Medical and Nursing Care of the Aged" . . . . .	Dr. M. L. Insley, Geriatrician, St. James' Hospital, Tredegar.
General Discussion.	

One of the most interesting features was the discussion which took place following each lecture. At the end of the course a special session was devoted to questions and a general discussion. From the questions put by some of the nurses on clinical aspects of their work, it was obvious that they keep themselves well informed of modern methods of treatment. After meeting all the nurses on these occasions, I am very satisfied that they are well occupied and that many of them, in fact, are undertaking unduly heavy case-loads.

It was stated by some of the nurses that transport problems are still causing difficulty in areas where there are long distances to travel between cases and absence of reasonably good travelling facilities undoubtedly adds to the duty span of some of the home nurses, particularly as most of them have to make evening visits to several of their patients. One point made by several nurses emphasised the assistance they are being asked to give in the preliminary preparation of patients for examination at hospital out-patient departments; for instance, a patient who has received an appointment for a Barium enema has to have preparatory treatment on the evening before his admission and must receive nursing attention from the nurse early on the following morning at his home before he leaves for the hospital. This places a strain on the time of the nurse with a busy practice and, while it may relieve the call on hospital beds, it is not always the most suitable or comfortable arrangement for the patient.

There is no doubt of the value of these refresher courses, and I have received letters from the nurses expressing their thanks for the opportunity of attending. One such letter, sent on behalf of all the home nurses in one health division, concluded thus: "We feel that these refresher courses, besides being instructive, are also the only means of bringing about a happy meeting with our colleagues from all parts of Glamorgan, enabling us to discuss points of common interest in our work. We returned to our respective districts enlightened on many problems, refreshed in our professional knowledge, and confident of the worthwhile nature of our daily work. Our only regret is that these courses are not an annual event."

## SECTION 26.—VACCINATION AND IMMUNISATION.

Returns of smallpox vaccinations performed during the year, whether by general practitioners or at our own clinics are disappointingly low, although they show a slight increase over the figures for the previous year, being 2,010 compared with 1,852 during 1952.

In this County and in the country generally, whether through ignorance or apathy, attempts made to interest mothers in the vaccination as a precaution against smallpox in the young meet with little response. In the Caerphilly and Gelligaer Division there has been a temporary stimulation of parental interest because of the offer of vaccination in the infant welfare clinics. It is hardly comforting to think that should virulent smallpox be introduced into this country—and this is not an unlikely happening in these days of speeded communications—the public would not stand on ceremony in seeking vaccination or in urging that "they ought to do something about it." The smallpox cases that occurred in Brighton in 1950 served to remind those interested in public health that it does not pay to treat this disease with contempt.



Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1953.						Age at 31st December, 1953.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	27	3	3	4	24	61	—	—	—	—	42	42
Gaerphilly and Gelligaer ..	287	22	15	15	37	376	—	—	2	5	69	76
Mid-Glamorgan .. ..	102	18	44	21	52	237	—	—	2	7	77	86
Neath and District .. ..	81	9	4	10	22	126	—	—	1	4	39	44
Pontypridd and Llantrisant ..	29	29	11	1	55	125	1	—	1	3	44	49
Port Talbot and Glyncoirwg ..	303	26	7	8	35	379	—	—	—	3	27	30
South-East Glamorgan .. ..	255	17	32	47	45	396	—	—	—	21	229	250
West Glamorgan .. ..	42	36	7	4	31	120	—	—	2	8	60	70
Rhondda .. ..	120	9	6	6	49	190	—	—	—	4	59	63
Totals 1953 .. ..	1,246	169	129	116	350	2,010	1	—	8	55	646	710
Totals 1952 .. ..	842	252	145	137	476	1,852	4	4	13	53	821	895

No cases of generalised vaccinia, post vaccinal encephalomyelitis, or deaths from other complications of vaccination were reported during this period.

#### IMMUNISATION.

During 1953, 6,623 children completed a full course of primary immunisation and 4,061 children were given a secondary or reinforcing injection. The corresponding figures for 1952 were 8,700 and 5,755 respectively.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. In 1940 there were 98 deaths, and it is pleasing to record that last year was the fifth successive year with no deaths from this disease.

The figures showing immunisation against diphtheria reveal a brighter picture than those for smallpox vaccination, although they are not as high in all areas as one would wish and the fall of over 2,000 in the number of primary immunisations is disappointing. This may be partly due to the deliberate reduction of immunisation clinics in the summer months, when the incidence of poliomyelitis is highest, rather than risk bringing immunisation, undeservedly, into disrepute, as it has been shown more particularly with combined anti-pertussis and diphtheria immunisation that children who contract poliomyelitis are likely, if they have been recently immunised, to show paralysis in the limb which has been injected.

Most young mothers have been glad to take advantage of the precaution which immunisation affords their children, but they must not now be lulled into a sense of false security. Where a personal approach by the health visitor becomes necessary, parental consent is usually forthcoming.

Towards the end of the year vaccination against whooping cough was made available to children in all Divisions. Hitherto this work had been restricted to the Rhondda and Caerphilly and Gelligaer Divisions. The successful results of the M.R.C. trials of vaccination against whooping cough were sufficiently encouraging to warrant the inclusion in the County scheme of this prophylactic measure against one of the most distressing and debilitating illnesses of childhood.

In marked contrast to the refusal of parents to allow their children to be vaccinated against smallpox, requests are received from parents for the protection of their children against whooping cough.

#### DIPHTHERIA IMMUNISATION.

Health Division.	Number of children who completed a full course of Primary Immunisation.							Total.	Total number of children who were given a Secondary or Reinforcing Injection.
	Age at the date of the Final Injection.								
	—1.	1.	2.	3.	4.	5—9.	10—14.		
Aberdare and Mountain Ash ..	209	107	7	1	2	1	1	328	7
Caerphilly and Gelligaer ..	318	272	44	18	42	172	—	866	663
Mid-Glamorgan .. .. .	231	189	95	35	32	75	9	666	715
Neath and District .. ..	383	196	13	6	4	44	—	646	990
Pontypridd and Llantrisant ..	312	340	58	31	9	32	1	783	61
Port Talbot and Glyncoirwg ..	330	246	33	30	28	15	1	683	269
South-East Glamorgan .. ..	407	285	64	18	28	97	37	936	924
West Glamorgan.. .. .	139	316	69	11	9	18	1	563	—
Rhondda .. .. .	651	381	52	30	11	27	—	1,152	432
Totals .. .. .	2,980	2,332	435	180	165	481	50	6,623	4,061

#### SECTION 27.—COUNTY AMBULANCE SERVICE.

##### PERSONNEL.

During the year the Establishment Committee approved a recommendation of the Health Committee regarding the redesignation of posts held by Station Leaders and Deputy Station Leaders. These officers, who will be called upon to take an important part in the training and control of personnel in the Civil Defence Ambulance Service, will be known as Area Ambulance Superintendents and Assistant Superintendents respectively.

On the 31st December, 1953, the personnel of this service comprised :—

- 1 County Ambulance Officer ;
- 7 Area Ambulance Superintendents ;
- 21 Assistant Superintendents ;
- 159 Driver/Attendants in the employ of County Council ;
- 2 Private Hirers.

The authorised establishment of driver/attendants is 160 rising to 202.

#### TRAINING OF PERSONNEL.

In accordance with the Ministry's suggestion, the training of personnel in first-aid is encouraged, and all personnel are expected to undertake an annual refresher course.

#### AMENDMENT OF SCHEME.

On the 24th November, 1953, the Welsh Board of Health formally approved the revised proposals for the County Ambulance Scheme. These proposals retained the essential features of the former scheme, but incorporated certain amendments to cover :—

- (1) The establishment of a main control station in premises known as Summer's Garage, West Street, Gorseinon, in place of Pontardawe.
- (2) The closing down of the ambulance sub-stations at Pontardulais and Gowerton and the transfer of the vehicles and personnel therefrom to the proposed main station at Gorseinon.
- (3) The establishment of a sub-station at Ogmere Vale because of lack of suitable garage accommodation at Nantymoel.
- (4) The establishment of a sub-station at Llantrisant in the old N.F.S. station because of lack of suitable garage accommodation at Talbot Green.

#### PREMISES.

Slow though progress has been since 1948, further improvements can be recorded in the efforts which continued during 1953 to secure sites for new garages or generally to improve existing buildings.

Major changes which took place during the year include the following :—

##### *Ambulance Control Station, John Street, Bargoed.*

The Ambulance control station was transferred from the Fire Service station, Bargoed, to the newly-built control station at John Street on the 26th August.

The adaptation of the John Street premises, acquired by the Committee in March, 1951, were completed during the year. The official opening of the station on the 1st December, 1953, by the Chairman of the County Council (County Alderman W. A. Hancock, J.P.) was the occasion of a pleasant ceremony, which had a particular significance for the Department inasmuch as it was the first occasion on which there had been an official opening ceremony of any of our Ambulance Service premises. The premises have been skilfully adapted by the Direct Labour Department, in accordance with the plans prepared by the County Architect. Accommodation is provided for five operational vehicles and two spares. The personnel are particularly proud of the accommodation which has been provided for control and staff room purposes.

Since the appointed day the personnel at Bargoed, through the kindness of the Chief Fire Officer, shared accommodation with Fire Service personnel, and our staff are very pleased that at last they are in occupation of premises used exclusively for Ambulance Service purposes.

As the Chairman of the General Health Services Sub-Committee rightly remarked at the opening of the Bargoed Ambulance control station, "Our ambulance men have, by instinct or by intuition, realised the difference between an industry and a service. They have applied themselves to their work in the spirit of service."



*Ambulance Sub-station, Merchant Street, Pontlloftyn.*

The Ambulance sub-station was transferred from Hill Road to the recently adapted premises at Merchant Street, Pontlloftyn, on 12th September, 1953.

*Ambulance Sub-station, "The Lindens," Bradford Place, Penarth.*

Parts of the stables and coach-house at "The Lindens," Penarth, have been adapted as an Ambulance sub-station, and the sub-station was transferred to these premises from West House garage on the 25th November, 1953.

*Ambulance Sub-station, Bryn.*

Experience having shown that the work of the ambulance at the Bryn sub-station was mainly on behalf of persons living outside the area, the Committee decided to transfer the vehicle to Port Talbot when the ambulance premises were required for other purposes by the National Coal Board, from whom they were rented. The sub-station premises at Bryn were vacated on the 24th November, and the area has since been served from the Port Talbot sub-station. The arrangement will be subject to review after a period of six months.

*Fire Service Premises.*

Premises still shared generally with the Fire Service are as follows :—

*Ambulance Control Station.*

Fire Service station, Treforest Trading Estate.

*Ambulance Sub-stations.*

Fire Service station, Cowbridge.

Fire Service station, Porthcawl.

Endeavours are being made to obtain suitable alternative premises as the space now occupied in fire stations by ambulances and ambulance personnel is required for Fire Service purposes.

In my report last year I mentioned that in the 1953–54 building programme there had been included proposals for the erection of a new control station at Treallaw and sub-stations at Cymmer, Caerphilly, Bryn, and Llantwit Major.

The Bryn project has been left in abeyance and at the time of writing this report the position regarding the other proposals is as follows :—

Treallaw .. .. .	Settlement not yet reached with Ministry over objection from Rhondda U.D.C. regarding the development of the site.
Cymmer .. .. .	Tenders for carrying out the work have been invited.
Caerphilly .. .. .	Awaiting approval of Welsh Board of Health.
Llantwit Major .. .. .	Tenders for carrying out the work have been invited.

The 1954–55 building programme includes the following :—

<i>Location.</i>	<i>Proposal.</i>
Hawthorn, Pontypridd ..	Erection of new Ambulance control station.
Aberdare .. .. .	Adaptations and extensions to existing Ambulance sub-station.
Cymmer, Port Talbot ..	Erection of new Ambulance sub-station.
Caerphilly .. .. .	do.
Llantwit Major .. .. .	do.
Glyncorrwg .. .. .	do.
Clydach .. .. .	do.
Nelson .. .. .	do.
Cowbridge .. .. .	do.

1953 saw a further increased demand on the County Ambulance Service. In the removal of 284,305 patients, involving 65,172 journeys, the enormous total of 1,712,490 miles was travelled.

Compared with the preceding year, these figures showed increases of 34,120 in the mileage, 21,772 in the number of patients conveyed, and a reduction of 895 in the number of journeys made.

The total cost of this County service in the financial year ended 31st March, 1953, was £169,066 10s. 2d.

One private firm under contract terminated their agreement in August, 1953, and at the end of the year there remained only two private contractors under contract with the County Ambulance Service.

Increased out-patient facilities at local hospitals have undoubtedly been one of the reasons for the extra requests made for ambulance transport. The call for transport for the conveyance of patients to special out-patient clinics on Saturday mornings so seriously depleted the vehicular strength of one main station as to leave the Area Ambulance Superintendent without a vehicle readily available should he receive a request to convey an emergency case.

It would be idle to pretend that all out-patients carried are bona fide cases for ambulance transport but, although there may be good reasons for challenging a recommendation, it is never easy to prove that a patient for whom a doctor has recommended ambulance transport does not, in fact, need it on medical grounds.

Except when carrying emergency cases vehicles are often loaded to the point of overcrowding, and on occasion escorts have to be left behind. In fact, it is remarkable what delays and discomforts are accepted by some patients who, according to the drivers, are well able to find their own way to hospital or clinic, but impose upon our service, thus adding to the inconvenience of those who share the journey.

#### VEHICLES.

Three new vehicles were purchased and placed in commission during the year. The numbers of operational vehicles in the service on the 31st December, 1953, were seventy-nine ambulances and two cars, plus nineteen reserve vehicles. The total numbers of vehicles comprising the fleet as on various dates is shown below :—

	31st December, 1949.		31st December, 1950.		31st December, 1951.		31st December, 1952.		31st December, 1953.	
	Ambu- lances.	Cars.	Ambu- lances.	Cars.	Ambu- lances.	Cars.	Ambu- lances.	Cars.	Ambu- lances.	Cars.
Transferred vehicles .. .. .	38	2	31	2	21	—	10	—	6	—
Subsequently purchased by County Council .. .. .	41	4	52	3	64	3	90	3	92	2
Total County Council-owned vehicles	79	6	83	5	85	3	100	3	98	2
Under St. John .. .. .	14	—	14	—	14	—	—	—	—	—
Private contractors .. .. .	3	—	3	—	3	—	3	—	2	—
Totals .. .. .	96	6	100	5	102	3	103	3	100	2

## SERVICING.

The servicing and maintenance of the County Ambulance vehicles is arranged by the County Surveyor. Most of this work is done at the Waterton depot, but vehicles at outlying stations are serviced at local commercial garages and are sent to Waterton periodically for major overhauls. These arrangements continue to work satisfactorily.

## RADIO-TELEPHONY SERVICE.

The system of two-way radio telephony installed at the end of 1952 in the Barry control and vehicles operating therefrom proved satisfactory in use, and the personnel concerned speak well of it as a time-saving medium of communication, which is of particular value as it enables the Area Ambulance Superintendent to maintain contact with drivers when they are actually proceeding to and from hospital. Most of the larger Local Health Authorities are installing this service and in Glamorgan provision has been made for the equipment to be installed in the Treforest control station and in seventeen operational and four reserve vehicles under the control of the Area Superintendent. It is hoped that the Committee will agree to install the system, as a beginning, in one of the control stations in the western end of the County.

## CIVIL DEFENCE AMBULANCE SERVICE.

Some progress was made during the year in the recruitment of volunteers for this service. Few of the volunteers were able to drive, and by the end of the year it became apparent that the existing inadequate arrangements for driving instruction would have to be revised and greatly extended to deal with the larger number of recruits who were ready to undergo Ambulance section training. In addition, the Civil Defence training of peace-time County Ambulance Service personnel has yet to be commenced.

Much remains to be done if anything like an efficient Civil Defence Ambulance Service is to be created out of the "blue-prints" schemes which have been prepared.

## DAMAGE TO VEHICLES.

The healthy rivalry between the various stations to keep down the accident rate continues. Where necessary local enquiry is made into the circumstances of accidents and appropriate disciplinary action taken. Last year, in 1,670,421 miles run by County Council-owned ambulances, the vehicles were involved in 115 accidents. This gives a rate of 0.688 accidents for 10,000 miles, or one accident for every 14,525 miles travelled. These figures are less favourable than the 1952 figures of 0.541 accidents per 10,000 miles, or one accident for every 18,481 miles travelled, but they still compare favourably with other large fleets, where vehicles are in almost constant use.

The vehicle accident rates for 1952 and 1953 classified in control areas are set out in the following table :—

ACCIDENT RATES.

Control Area.	1952.			Control Area.	1953.		
	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.		No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Pontardawe ..	9	3	0.229	Barry .. ..	8	6	0.323
Neath .. ..	13	7	0.305	Pontardawe ..	9	10	0.560
Barry .. ..	8	7	0.409	Llwynypia ..	10	15	0.645
Treforest ..	17	16	0.505	Neath .. ..	13	19	0.678
Aberkenfig ..	13	12	0.556	Aberkenfig ..	13	17	0.723
Bargoed ..	9	16	0.810	Treforest ..	17	29	0.800
Llwynypia ..	9	19	0.879	Bargoed ..	9	19	0.971



The types of accidents in which the vehicles were involved can be summarised as follows :—

	<i>No. of Accidents.</i>
Collisions .. .. .	57
Reversing .. .. .	21
Involving pedestrians .. .. .	3
Involving cyclists .. .. .	2
Involving patients .. .. .	6
Other causes .. .. .	26
	<u>115</u>

The increase in the number of accidents in which ambulances were involved last year is a source of much concern. The fact that the mileage travelled is greater than in any previous year and the pressure placed on the service at peak hours are doubtless important influences which tend to increase the risks to which vehicles are exposed, but a little extra care on the part of those concerned might be expected to effect a marked reduction in the number of avoidable accidents.

Again I wish to express my appreciation of the excellent co-operation of the Western Region of the British Railways Executive in the arrangements made for the transport of patients by rail and also that of the ambulance services of other Local Health Authorities who, often at short notice, undertake the collection of patients at the end of their train journeys and their conveyance to the address required. 240 patients, seventy-one of whom were recumbent, were conveyed under these very convenient, time saving, and economical arrangements in 1953.

The extent of growth of this very useful and time-saving method of long distance transport of patients is shown in the following table :—

CONVEYANCE OF PATIENTS BY TRAIN IN ACCORDANCE WITH  
ARRANGEMENTS MADE WITH BRITISH RAILWAYS (WESTERN REGION)

	Number of Patients Conveyed.			Estimated Saving of Vehicle Mileage.
	Recumbent.	Sitting Cases.	Total.	
1949	41	31	72	22,798
1950	30	42	72	20,518
1951	38	83	121	38,354
1952	34	123	157	46,574
1953	71	169	240	59,484

Patients or their relatives are generous in their thanks to the Department for the smooth manner in which these journeys have been carried out, thus acknowledging not only the good work of our own Ambulance Service but that of the staff of the British Railways and of the Ambulance Service of some other Local Health Authority.

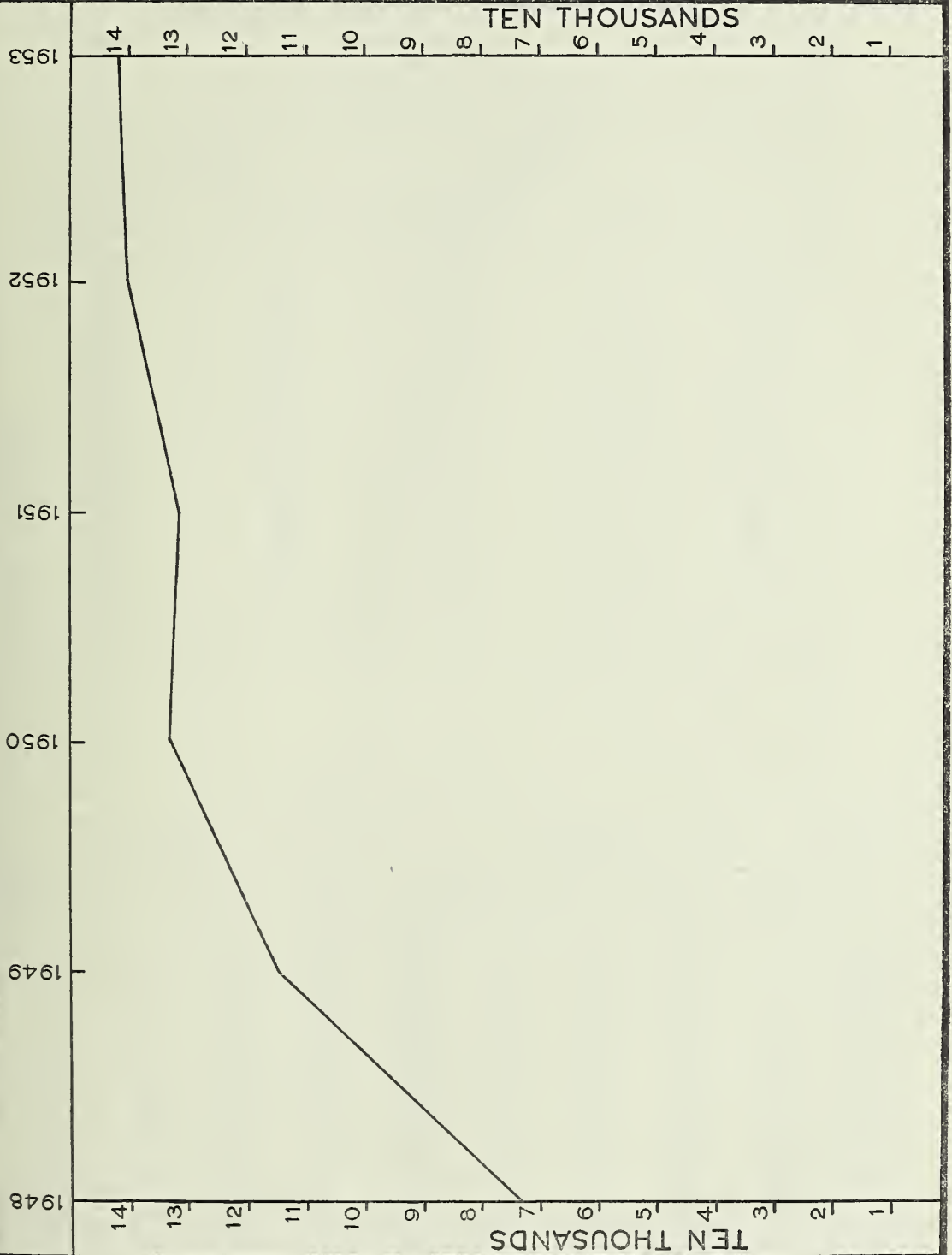
## OPERATIONAL DETAILS.

The following table shows the details of the work carried out by the County Ambulance Service during the twelve months ended the 31st December, 1953 ; the graph following the table shows the monthly average of miles travelled by the service fleet since the appointed day :—

MONTHLY TOTALS OF WORK DONE BY THE COUNTY AMBULANCE SERVICE.  
Year ended 31st December, 1953.

	County Council-owned Vehicles.			Contractors and Private Hirers.			All Sections.		
	Patients.	Journeys.	Miles.	Patients.	Journeys.	Miles.	Patients.	Journeys.	Miles.
January ..	24,267	5,350	147,936	514	196	4,167	24,781	5,546	152,103
February ..	21,832	4,925	131,765	507	183	3,603	22,339	5,108	135,368
March .. ..	24,566	5,347	145,797	574	210	4,491	25,140	5,557	150,288
April .. ..	22,332	4,965	131,217	563	221	4,518½	22,895	5,186	135,735½
May .. ..	23,755	5,498	139,288	529	183	4,035	24,284	5,681	143,323
June .. ..	22,986	5,319	136,691	469	183	4,010	23,455	5,502	140,701
July .. ..	24,222	5,592	144,400	511	171	3,929½	24,733	5,763	148,329½
August ..	19,862	4,836	122,961	515	179	3,867	20,377	5,015	126,828
September ..	23,593	5,323	141,031	362	96	2,274	23,955	5,419	143,305
October ..	25,495	5,531	149,232	365	94	2,329	25,860	5,625	151,561
November ..	24,309	5,259	141,743	345	114	2,465	24,654	5,373	144,208
December ..	21,478	5,300	138,360	354	97	2,380	21,832	5,397	140,740
Totals ..	278,697	63,245	1,670,421	5,608	1,927	42,069	284,305	65,172	1,712,490

## MONTHLY AVERAGE OF MILES TRAVELLED





## SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

## TUBERCULOSIS.

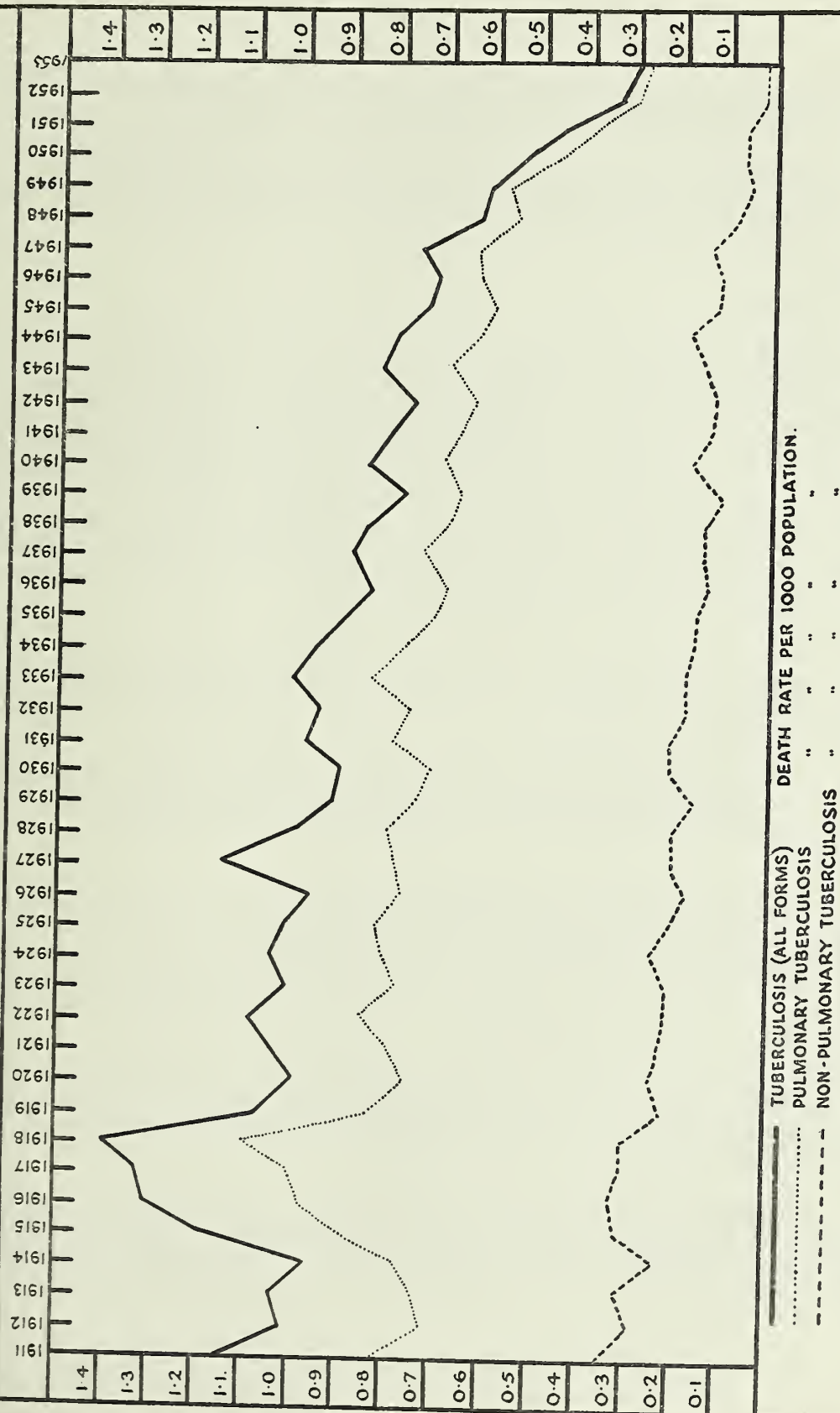
TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 Population.	Notification.	Rate per 1,000 Population.
1938	842	1.19	345	0.48
1939	844	1.19	310	0.44
1940	975	1.36	332	0.46
1941	933	1.26	355	0.48
1942	934	1.31	322	0.45
1943	991	1.42	356	0.51
1944	1,186	1.68	284	0.40
1945	1,010	1.45	283	0.41
1946	894	1.26	243	0.34
1947	894	1.26	229	0.32
1948	916	1.26	228	0.31
1949	919	1.25	225	0.31
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16

TABLE II.—DEATHS.

Year.	Pulmonary.					Non-Pulmonary.				
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1938	491	0.73	0.59	0.69	0.53	105	0.16	0.10	0.15	0.10
1939	469	0.74	0.42	0.66	0.53	83	0.14	0.05	0.12	0.10
1940	477	0.70	0.57	0.67	0.58	119	0.18	0.12	0.17	0.11
1941	492	0.71	0.54	0.66	0.60	107	0.15	0.12	0.14	0.12
1942	447	0.68	0.48	0.63	0.54	94	0.13	0.12	0.13	0.11
1943	468	0.74	0.49	0.67	0.56	105	0.15	0.14	0.15	0.11
1944	454	0.68	0.55	0.64	0.52	111	0.15	0.18	0.16	0.10
1945	416	0.64	0.49	0.60	0.52	92	0.15	0.09	0.13	0.10
1946	432	0.65	0.49	0.61	0.46	77	0.10	0.12	0.11	0.08
1947	432	0.62	0.56	0.61	0.47	83	0.13	0.09	0.12	0.08
1948	393	0.54	0.55	0.54	0.44	61	0.08	0.09	0.08	0.07
1949	399	0.59	0.43	0.55	0.40	42	0.05	0.08	0.06	0.05
1950	325	0.47	0.37	0.44	0.32	58	0.07	0.10	0.08	0.04
1951	280	0.41	0.31	0.38	0.27	48	0.07	0.05	0.07	0.04
1952	218	0.32	0.25	0.30	0.21	20	0.03	0.02	0.03	0.03
1953	202	0.27	0.30	0.27	0.18	23	0.03	0.03	0.03	0.02

# ADMINISTRATIVE COUNTY OF GLAMORGAN TUBERCULOSIS DEATH RATES



### *Incidence.*

Pulmonary tuberculosis notifications in Glamorgan in 1953 increased from 832 to 956, the highest since 1945, whereas the mortality from this disease, as the graph on page 45 shows, decreased by sixteen.

While treatment has brought about a greater chance of recovery of those infected, it is evident that infection seems all too frequent, and any real advance in the eradication of the disease must be concentrated on the control of the infectious case, which also involves early diagnosis in order that treatment can be given before too much tissue damage has taken place and when the disease is responsive to the measures used against it.

Success can only be achieved by the team work of those responsible for the care of the patient, viz., the general practitioner and the chest physician, who carry out the treatment, and the medical officer of health and his staff, including the sanitary inspector and health visitor, who take such steps as are considered necessary for the prevention of infection, not forgetting, of course, that both the first-mentioned also pay regard to the preventive aspects. Co-ordination of the work has been brought about in no small measure by the readiness of the chest physicians to give their help on all occasions when asked to do so. They have undertaken a number of school surveys where it has been thought necessary because of the possibility of pupils being in contact with a case, and they also examine a large number of the staff engaged in work connected with school children, in accordance with the recommendation of the Education Committee that members of the medical, dental, nursing, and all other staff, including teachers, coming into contact with children shall receive an X-ray examination. While payment is made for the examination in a proportion of cases, a number are examined by the Mass Radiography Unit.

Periodic conferences are held at the County Hall between the chest physicians and the County Medical Officer. Matters of common interest are discussed and the possibilities of increasing still further the excellent liaison which now exists between the Division Health staff and the staff of local chest clinics are always to the fore.

The chest physicians are appreciative of the excellent work done by the home nurses in the treatment of tuberculous persons at home, and there seems little doubt that there is excellent co-operation between the chest physician and the general practitioner and the home nurse in the domiciliary treatment of the tuberculous.

The extent of the help given by the Health Visiting Service varies. Shortage of health visitors in some districts delays, or prevents, the prompt following-up of persons who fail to return to the chest clinic for Mantoux retesting. In all Divisions the health visitors are able to make prompt reports on the environmental circumstances of patients coming to the notice of the chest physicians for the first time. These reports are of value, not only to the chest physician, but to the District Medical Officer and the Divisional Medical Officer, to whom copies are also sent.

I am indebted to the chest physicians for the ready advice and recommendations which enable Divisional Committees to deal fairly and promptly with applications for the supply of bedding, extra nourishment, etc., to tuberculous patients. The local officers of the National Assistance Board are most helpful in assisting any families within their purview.

In accordance with the request of the Ministry of Health in Circular 1/54 that special reference should be made to the Prevention, Care and After-care Services provided by the Local Health Authority, Divisional Medical Officers were asked for their comments and all have submitted reports, extracts from which are incorporated below.



### *Contact Tracing and Follow-up.*

Particular attention has been paid to contact tracing and follow-up with a view not only of finding secondary cases among the patient's own family and immediate circle, but also the possible source of his own infection. The Health Department has failed in its duty if it does not use every effort in ascertaining whence the infection arose, although this object is not always achieved, nor can contacts be persuaded sometimes of the need for a check-up at the clinic, partly because they cannot be bothered, but also the fear, perhaps, that they are infected.

Dr. Kathleen Davies, Divisional Medical Officer for Mid-Glamorgan, comments on the indifference met :—

"Close liaison has been maintained with the chest physician. Routine visits are made by the health visitor to all cases of notified tuberculosis at least twice a year, and in some areas more often. Reports on the conditions found at these visits are sent to the chest physician. All new notifications are visited and all contacts advised to attend for examination at the chest clinic. These cases are revisited after one month in an endeavour to get all contacts examined. Unfortunately a large number are quite indifferent to the advice given, as will be seen from the following figures.

In this Division there are approximately 850 families in which at least one member is suffering from tuberculosis and, as far as can be ascertained, in 390 of these households none of the contacts have been examined.

The number of contacts of both old and new cases examined by the chest physician during 1953 was 680."

Dr. Donovan, of the West Glamorgan Division, makes the following observations *re* the older cases :—

"Difficulty is experienced in getting contacts over 60 years of age to attend the chest clinic, as these elderly people seem to think that having avoided surveillance for most of their lives, their suggested attendance is either pointless or unnecessary. A number of cases in this category are miners with a previous history of silicosis or pneumoconiosis."

The procedure adopted in follow-up has been for the health visitor to make a visit as soon after the receipt of the notification as possible. Advice is given to the patient regarding the steps necessary for the prevention of infection and contacts are advised to attend the chest clinic, appointments at convenient times being arranged as far as possible. If no attendance is made within a month a second visit is made.

### *Employment Conditions of Known Cases of Tuberculosis.*

One of the essentials to the success of any measure designed to control infection is the ensuring that known cases are not employed in open industry with large numbers of co-workers, many of whom may be susceptible. Circular 7/52 advised on the placement of tuberculous persons in industry and aimed at assistance through the Disablement Resettlement Officer in the finding of suitable work, both from the patient's point of view and also without danger of the spread of infection to others.

Such placement is not easy in an area where heavy industry predominates and part-time work is not available. Several Divisional Medical Officers, however, comment on the valued co-operation of the Ministry of Labour whose Disablement Resettlement Officers render all help possible, although without sheltered employment in a mining valley placement is not often possible.

It is only to be expected that victims of this disease should turn to lighter work, which may, unfortunately, include the taking over of a small business of one kind or other, and Dr. D. H. J. Williams, Divisional Medical Officer, Port Talbot and Glyncoerrwg, states :—

“The employment conditions of notified cases of tuberculosis is not subject to control except, of course, in relation to milk, and this causes concern when it is appreciated that a sufferer can be a food handler in direct and daily contact with the general public. Admission to hospital or sanatorium can remove this risk, but if the case is not one that will benefit by such treatment admission to hospital is not always possible and the patient continues as an active reservoir of infection in the community. In this Division there are such cases owning a small business or employed in contact with food and are the subject of my special surveillance and advice.”

Here again the valued assistance of the chest physician is sought and, without exception, they make a point of stressing on patients, particularly open cases, the need for employment when finally permitted which will not further affect their own health or result in danger to colleagues. There are in the community, however, open cases who for economic reasons take employment or refuse to give up when they are aware of their condition.

The improved benefits, however, payable to sufferers from this disease in some measure tide over financial difficulties which face the family when the wage-earner has to lay up. Further information is being sought on this problem, as it would be unwise to generalise and its importance requires careful investigation and study.

#### *Follow-up of Posthumous Notifications.*

The number of posthumous notifications in 1953 was six, and in addition thirty cases were discovered from the Registrar's death returns.

The chest physicians have the confidence and esteem of the general practitioner, which leads to close co-operation, and suspected cases of tubercle are referred readily to the chest clinics for advice. The chest physicians notify all confirmed cases, but occasionally cases are ascertained by the general practitioners only a short period before death, or too late for reference to the clinic. Notification of the same case by the general practitioner and the chest physician sometimes takes place, and payment of the notification fee is made to the person first notifying.

The improvement in notification may partly account for the increase in the notifications referred to. When, however, a case escapes the net of notification and is only reported after death, the same steps are taken as with other notifications, namely, follow-up of contacts and the fumigation of bed and bedding.

#### *Ascertainment and Case-finding Surveys.*

As referred to above, special investigations are carried out in association with the chest physician in all schools from which a case has been reported, or when it has been found that a sufferer has been in contact with the children.

The Mass Radiography Unit continues its surveys in the County, visits having been paid to forty-two towns and villages and also to the larger factories and workshops.

The Rhondda Fach survey has already been the subject of reports by Doctors Fletcher and Cochrane and their co-workers, but it will be of interest to include the following observations of Dr. D. J. Thomas, the Divisional Medical Officer of the Rhondda :—

"On the instruction of the Welsh Regional Hospital Board and the Pneumoconiosis Research Unit of the Medical Research Council, a special case-finding survey was carried out in the Rhondda Fach, the actual X-raying being done between September, 1950, and April, 1951, at six centres in the valley.

Two mobile teams carried out the survey—one from the Welsh Regional Hospital Board, which X-rayed the women, children of school age, and non-mining males, and one from the Pneumoconiosis Research Unit, which X-rayed all miners and ex-miners.

More than 20,000 home visits were made during the survey, and of the male population 91·7 per cent, and of the female population 86 per cent, were X-rayed, the lapses being greater among non-miners and the elderly.

Cases of tuberculosis were classified as infectious, active and quiescent, and one of the most striking features of the report is the very high prevalence of active disease discovered amongst the younger females, one in twenty of the young females requiring regular clinic supervision or other attention for pulmonary tuberculosis.

In addition to the Rhondda Fach survey, a Mass Radiography Unit of the Welsh Regional Hospital Board visited this area during January, February, and March, 1953, and worked at centres situated at Treherbert, Treorchy, Ton Pentre, Llwynypia, Tonypandy, and Trealaw."

#### B.C.G. VACCINATION.

The Committee agreed during the year to submit proposals to the Ministry for the extension of the scheme under Section 28 so as to allow for B.C.G. vaccination of school leavers, as envisaged in Ministry of Health Circular 22/53. Certain Assistant Medical Officers have already been trained in this work, which is hoped to commence in 1954. This extension of the Authority's arrangements will not interfere with the existing arrangements by which the chest physicians administer B.C.G. to selected contacts of tuberculous patients in their care. As will be seen from the following table, 1,691 persons received B.C.G. vaccination under this latter arrangement in 1953, an increase of 84 :—

	Age at Date of B.C.G. Vaccination.				
	Under 1 year.	1-4 years.	5-14 years.	15 years or over.	Total.
No. of males vaccinated .. ..	112	195	401	65	773
No. of females vaccinated ..	135	195	385	203	918
Totals—1953 .. ..	247	390	786	286	1,691
1952 .. ..	122	330	973	173	1,607

#### Treatment in Switzerland.

The National Health Service Act, 1951, empowered the Minister of Health to make arrangements for the treatment of tuberculous persons in hospitals or sanatoria outside Great Britain and Northern Ireland.



Beds have been made available in two sanatoria in Davos, Switzerland. Suitable cases are selected by the chest physicians on behalf of the Regional Hospital Board. The travelling and currency arrangements are made on behalf of the Minister by the County Director of the British Red Cross Society, by whom a travel escort is also provided.

The opportunities provided under this scheme bring new hope to those whose condition warrants their selection for admission to the limited accommodation available at Davos for patients referred under the provisions of the 1951 Act.

During the year three patients were sent from the Administrative County.

#### AFTER-CARE OF PARAPLEGICS.

The arrangements approved by the Committee for dealing with patients in this category have been applied to the benefit of thirteen persons during the year. Most of the cases were miners who sustained severe spinal injuries during the course of their employment. After a prolonged period of specialised hospital treatment and some months before they are likely to be discharged, the question of the suitability of the patient's housing accommodation is considered. Minor and sometimes major alterations are usually involved, e.g. substitution of a ramp for steps leading to and inside the house, widening of doors to allow entrance of wheeled chair, provision or adaptation of toilet and bathroom accommodation. In some instances, where rehousing is indicated, an approach to the housing authority is necessary and is usually sympathetically received. Most of these patients also require a special type of hospital bed with lifting pole and chain, and a Dunlopillo mattress as well as numerous pillows and the usual bedclothing. Individual cases require different items, and their requirements on the medical equipment side are discussed with the hospital medical officers and, where necessary, with the family doctor who, of course, can always call in the home nurse to assist him in the nursing care which most of the patients will always require after discharge from hospital.

#### *The Care of Spastics and Epileptics.*

Special reports by a committee of the Central Health Advisory Council were received at the end of the year calling attention to the special needs of the handicapped, particularly spastics and epileptics, and stressing the need for co-operation of the hospital, local authority, and other services in the welfare of persons suffering from these special handicaps.

The need for early ascertainment requires no emphasis, but the provision of appropriate treatment and educational facilities is equally important, and it is only during recent years that the national conscience has awakened to the claims of this unfortunate group.

The Education Committee renders financial support to the British Council for the Care of Spastics and sends representatives to the annual conference of this body. Arrangements have been made by the Committee for the attendance of a spastic child in the Swansea area at the Swansea Voluntary Centre for Spastic Children.

The early treatment of remediable defects in the spastic child, as for most physically handicapped children, will lessen the ultimate burdens to be borne by Education and Welfare Authorities on behalf of this type of case and the Medical and Special Services Sub-Committee of the Education Committee have during the past few years been giving consideration to the problems involved in dealing with children in this category. Visits have been paid by the Chairman and Vice-Chairman to special schools and the information and ideas obtained have proved of value in the planning of the proposed school for one hundred physically handicapped children at Erw'r Delyn, Penarth, approximately one-third of which will be for spastics. The aim will be to make those children admitted as far as possible independent and capable of earning their own living subsequently.

at the present time only occasional vacancies are obtainable in special schools. In addition, the training facilities at Puckle Hill, Shorne, near Gravesend, are made use of in suitable cases.

Information regarding numbers is far from complete. A survey of children under sixteen was undertaken early in 1951, when 139 cases were ascertained. Of these, sixty-nine were classed as ineducable, fifty-one were attending ordinary day schools, while the remainder were receiving special educational treatment, either in a special school or at home. The only figures available in the adult population are those obtained by Mr. J. H. Bargh, D.P.A., the County Director of Welfare Services, as a result of the registration of handicapped persons—approximately forty to fifty being classed as spastics.

It is evident from the nature of the condition that their treatment, care, and disposal depends entirely on the type and degree of defect. Some will be able to fend for themselves and earn their own living, others require assistance in finding suitable employment as disabled persons, while others are so handicapped by their mental and physical defect as to be unemployable, a proportion falling to be dealt with under the mental health arrangements of the Authority.

#### EPILEPSY.

Here again, information is incomplete and unobtainable without a more detailed survey than time permits. Eighty-nine registered as handicapped persons in the Welfare Department Survey, and they will be eligible for the benefits proposed in the scheme laid down.

#### INCIDENCE OF BLINDNESS.

The work of examining all applicants and cases referred for inclusion in the Blind and Partially Sighted registers has continued, and during the year 1953, 955 examinations were undertaken, 436 of these being first examinations. This important duty is the responsibility of three members of the staff with special experience—Dr. Gwladys Evans, Dr. Moreen Whelton, and Dr. Amy Jagger.

Owing to the age and infirmity of the patients many examinations are made at their homes. Most of the applicants who are found to be certifiably blind are examined only on the one occasion, but if it is considered that any change in the eye condition is likely to occur they are referred for re-examination. Most of the re-examinations are the partially sighted, whose sight is likely to deteriorate and who will probably ultimately become certifiably blind.

For the most part cases are referred by the visiting officers of the National Assistance Board who, while making their routine visits, may find that a person cannot see well enough to sign his or her name. Some are referred by ophthalmologists, some by general practitioners, and some by social workers, while others make direct application to the Welfare Department.

Some indication of the prevalence of the various causes of blindness and partial sight is given by the following :—

## A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.				Total.
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	
(1) Number of examinations .. .. .	423	60	5	467	955
(2) Number of persons registered as blind or partially sighted during 1953 .. .. .	187	30	2	187	406
(3) Number of persons at (2) recommended for :—					
(a) No treatment .. .. .	97	16	2	150	265
(b) Treatment (medical, surgical or optical) ..	90	14	0	37	141
(4) Number of persons at (3) (b) who on follow-up action have received operative treatment ..	4	2	0	1	7

It will be seen that senile cataract is still the principal cause of blindness. All cases of cataract which are likely to benefit from, and are in a fit condition to receive, treatment are referred to their medical practitioners—unless they are already under treatment. It will be appreciated that many of these elderly persons cannot, or do not wish to undergo operative treatment.

In Glamorgan there appears to be no delay in obtaining the necessary treatment in hospitals, but a letter was sent to every general practitioner in Glamorgan drawing attention to a Ministry of Health report stressing the need for referring cases of cataract and glaucoma for surgical treatment before general infirmity precludes success.

At the end of the year there were 1,672 persons on the Blind Register, and 323 on the Partially Sighted Register.

## B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year .. .. .	2
(ii) Number of cases in which—	
(a) Vision lost .. .. .	Nil
(b) Vision impaired .. .. .	Nil
(c) Treatment continuing at end of year .. .. .	Nil

## CHIROPODY.

The need for providing chiropody treatment for the aged is brought to notice from time to time. Such facilities would be of inestimable value to the elderly person who is unable to move very far without pain or difficulty because of remediable foot conditions. Hospital Management Committees may, if they so desire, provide this treatment for persons attending out-patient departments. For persons in hostels provided by the County Council, the Welfare Committee have agreed to provide occasional chiropody service, but there must be many elderly people living at home who would welcome and benefit from the attentions of a qualified chiropodist, and it is unfortunate that Local Health Authorities are precluded from establishing such a service under Section 28 of the Act.



## HOT MEAL SERVICE.

A beginning has been made in the Pontypridd, Penarth, and Port Talbot and Glyncoirwg areas to supply hot meals for elderly people living in their own homes. This is a very welcome amenity provided by the Women's Voluntary Service, who hope that it may be possible to extend the scheme to cover all those who would benefit from it.

## ISSUE OF MEDICAL COMFORTS.

The issue of nursing requisites to tuberculous or other cases of illness being nursed at home continues as a part of the home nurses' duty. The larger items and those not in general demand are issued from the Divisional Office, and a periodic check is made to see whether the articles borrowed are still required. No charge is made for the articles lent. Stocks of invalid chairs, spinal carriages, and special beds are at times insufficient to meet the demands and Divisional stocks have to be supplemented by borrowing from adjacent Divisions where possible, or purchasing additional supplies. During the year, 4,521 issues were made compared with 4,502 in 1952. Items in greatest demand were air rings, bed pans, mackintosh sheets, invalid chairs, crutches, bed rests, and male urinals.

## CONVALESCENCE.

Last year periods of convalescence were authorised for 111 persons, but only 100 actually accepted the vacancies when offered. The majority stayed for a fortnight at the Rest, Porthcawl. Most of the applicants were referred by the family doctor and were middle-aged or elderly.

## X-RAY EXAMINATION OF TEACHERS, ETC.

In June, 1952, the Committee agreed that the cost of X-ray examinations of teachers, canteen staff, and the staff employed at children's homes should be regarded as a charge on the services provided under section 28 of the 1946 Act. Assistant Medical Officers of the Department, as from the 1st April, 1952, have been undertaking the medical examinations of candidates applying for admission to colleges and of entrants to the teaching profession in accordance with the following procedure.

*Candidates applying for admission to Colleges.*

- (i) Applicants who are school pupils will be examined by the Principal School Medical Officer of the area where they live, who will have been concerned with, or have access to, the records of the candidate's medical examinations at school. It is suggested that where possible the examination which normally takes place during the last year at school should be the occasion on which the appropriate medical report is made. If this is not possible, a special examination should be made as soon as possible after the date of application to college, i.e. if possible during the autumn term preceding admission to training.
- (ii) Applicants for admission after National Service, or after a university or other course not taken under the Training of Teachers Regulations, or mature entrants who have had no recent connection with the School Health Service, will be examined by the Principal School Medical Officer of the area in which the candidate is resident. This will in many cases be the area in which he or she attended school.

*Entrants to the Teaching Profession.*

- (i) Intending entrants to the teaching profession on completion of an approved course of training will be examined as at present by the college medical officer.
- (ii) Entrants to service in schools subject to Regulation 12 of the Schools Grant Regulations, 1951, and to Regulation 19 of the Handicapped Pupils and School Health Service Regulations, 1945, other than those completing an approved course of training, will be examined by the Principal School Medical Officer of the appointing local education authority.



As from the 1st April, 1953, an X-ray examination of the chest has formed an essential part of the medical examination on entry to the teaching profession.

#### HEALTH EDUCATION.

Although posters and pamphlets have continued to be used as formal media of health education under appropriate circumstances, there is no reason to think that they engage the serious attention of those who see them. Too often the message fails to register in spite of the pleasing and attractive manner in which it is presented.

The continued personal contact between health personnel, particularly health visitors and young mothers, is, I think, one of the best and most successful methods of health education. Some of the health talks on radio and the articles in the local and national Press and in women's magazines reach a very large number of people and ultimately should do much to sustain the interest which has for so long been dormant when compared with attention given to health matters by people in the United States of America.

Occasionally lectures on health topics were given during the year to select audiences—usually at women's institutes—and Dr. Gwladys Evans, Dr. Bevan, and I have given talks to school canteen staff, attendance officers, and other groups during the year.

The magazine *Better Health*, produced by the Central Council for Health Education, is supplied monthly to every school in the County. It contains excellent short articles on health topics and provides useful hints for talks by teachers of children of all ages. Few people are in more continuous contact with the child than the teacher, and the teacher in infant schools is often in daily contact with some of the parents of the children in her care. The part which the teacher can play in inculcating simple rules of hygiene into the minds of the parents of the future is rarely fully appreciated, and I think there is considerable opportunity for experiment in this direction.

The services and health publicity material of the Central Council for Health Education are freely drawn on as required, and the Health Topics Stand has been fully used in selected sites throughout the County as a medium for the display of frequently changed attractive posters depicting different aspects of the activities of a health department.

#### ACCIDENTS IN THE HOME.

In previous reports I have commented on the toll of pain, discomfort, and death caused by avoidable accidents in the home. In England and Wales there are approximately 6,000 deaths every year from accidents in the home, and ten times that number of people receive non-fatal injuries. About 600 persons die and 12,000 are seriously injured by burns and scalds. Most of these accidents are due to failure to take reasonable precautions. Children under five and people of sixty-five and over are those to whom most of these misfortunes happen. The absence of fireguards undoubtedly causes many accidents and burns, especially to old infirm persons and toddlers.

It will probably be some years before the full effect of the Heating Appliances (Fireguards) Act, 1952 will be felt. This Act makes it a punishable offence to sell or hire any heating appliances, such as electric or gas fires, etc., without a properly fitting guard. Until appliances in use before the passing of this Act are replaced or fitted with guards, the risk of accidents by burning will remain.

To assist the efforts which are being made nationally to educate people in the commonsense and practical ways of reducing home accident risks, all members of the staff whose duties bring them into the home of the people have been asked to advise householders of the simple preventive measures by which accidents in the home may be avoided.

## SECTION 29.—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of the service on the 31st December, 1953, was 230. Actually there were on the payroll at that time forty-eight whole-time, eighty-six part-time, and 366 casual home helps.

For the purpose of comparison the following table shows the number in each category employed each year since the appointed day :—

Year.	Whole-time.	Part-time.	Casual.
1948	44	26	—
1949	106	63	—
1950	105	153	27
1951	76	121	183
1952	64	102	265
1953	48	86	366

There has been no change in the supervisory arrangements. There is a County Organiser of Home Helps attached to the Central Office, and her assistance is at all times available to any of the Non-Medical Supervisors of Midwives and Home Nurses, who have supervisory functions in respect of this service at divisional level. In addition, she is able to advise on the special needs of different applicants and the most economical use of the time of the home helps assigned to a particular household.

The staff recruitment difficulties associated with this service since the appointed day have slightly eased and, although there have been numerous changes of personnel in the twelve months under review, most divisions have a nucleus of hard-working and experienced home helps, who can be relied on to attend to their duties in a punctual and efficient manner. The administration of a service in which casual workers predominate brings its own peculiar problems, which are accentuated by absence of adequate local supervisory arrangements in Divisions where large numbers of home helps are engaged. For example, in the Rhondda at the period during the year there was a total of 100 home helps employed in 300 households. If the demand for the service requires a home help to be allocated to work in three households—and in some cases she visits three households in a day—the opportunities for abuse of the service by collusion or otherwise cannot be ignored. Whether they are liable to pay for it or not, householders have a right to expect the full period of service assigned to them, and if they would see that this is given, there would be a sharp fall in the number—fortunately few—of instances calling for disciplinary action.

Many of the home helps are held in high esteem by those in whose household they work ; they often do more than is required of them, and are particularly helpful in their assistance towards the aged, whom they will “pop in to help” during their “off-duty” periods.

Very few of the persons receiving help are liable to pay the full cost. In fact in some cases where the help has been justifiably requested, the householder has withdrawn his application on being informed of the amount of his liability for the cost of the proposed help, and there are few normal households who could stand the strain of paying the full cost of this service for more than a very brief period.

The following table shows the number of home helps employed in each Division and the number and types of cases where help was provided during the year :—

## HOME HELP SERVICE.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Total.
No. of Home Helps employed at the 31st December, 1953—										
Whole-time ..	9	9	3	1	4	—	12	2	8	48
Part-time .. ..	—	8	16	9	10	14	5	8	16	86
Casuals .. ..	36	22	70	36	26	23	50	30	73	366
No. and types of cases where Home Help was provided during the year—										
Maternity .. ..	21	31	19	20	7	20	79	23	43	263
Tuberculous .. ..	9	9	12	11	14	20	19	10	21	125
Chronic sick .. ..	77	18	127	41	52	49	93	92	156	705
Acute sick .. ..	32	33	47	39	47	22	47	12	34	313
Aged and infirm ..	136	125	74	93	88	75	112	59	169	931
Blind .. ..	14	4	17	11	8	12	6	14	17	103
Mental .. ..	—	—	—	—	—	—	—	1	—	1
Others .. ..	3	3	1	—	—	—	—	1	11	19
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	13	7	23	28	8	43	63	15	5	205
Part fee charged ..	34	37	71	52	30	31	121	50	66	492
Free service	245	179	203	135	178	124	172	147	380	1,763

The cost of this service to the applicant assessed as being liable to pay the full charge has hitherto excluded any proportion of the administrative charges in respect of this service. In December the Co-ordination Committee decided that the amount to be recharged, subject to the unified income scale, should include a charge in respect of administrative costs. The increased charge, i.e. 2s. 8d. per hour, was applied as from the 25th January, 1954.

The same Committee deferred to a later meeting consideration of certain aspects of the income scale in its application to persons receiving the service of home helps, i.e. :—

- (i) Anomalies created by the application of the scale to large families ; and
- (ii) The provisions of the National Health Service Act, 1953, relating to new maternity benefit

Considering the large number of households to which home help is given, the number of appeals against the charges assessed is very small. By a decision of the Co-ordination Committee, dated the 15th December, 1953, the Chairman of that Committee, the Chairman of the Nursing Services Sub-Committee, in consultation with the County Treasurer, and the County Medical Officer are authorised to depart from the unified scale to the benefit of the applicant where the circumstances are considered to be exceptional, for example, blind or tuberculous persons not in receipt of National Assistance, cases of long stay illness.

The cost of the Home Help Service in the financial year 1953-54 was £83,175 2s. 3d., of which £4,666 15s. 3d. was recovered.

As might be expected in a service of this nature, the incidence of sickness remains high, and during winter months, particularly when staff numbers are depleted and requests for home helps are greater, it is necessary to divert staff at short notice to ensure that the most deserving cases receive a minimum of help.

This sudden switching of days, or unexpected variation in the previously arranged periods of help, is apt to bewilder the applicants as it is not always possible for them to receive the formal notification of any alterations before the change has actually been effected.

From the following table, showing a quarterly analysis of cases assisted in the last four years, marked changes will be noted in the types of cases assisted. The chronic sick and the aged and infirm are receiving help to a greater extent than in the early years of the service, while there has been a substantial fall in the number of maternity cases supplied with home help to approximately half the total for the corresponding quarters in 1950.

There are frequent changes in personnel, and last year the number of resignations was 168 out of a total of 236 appointments. Only fifteen of the home helps appointed during 1948 remain among the total of 500 home helps employed on the 31st December, 1953.



## HOME HELP SERVICE.

## QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1950.

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1950.																
31st March ..	153	22.73	42	6.24	163	24.22	94	13.97	186	27.64	22	3.27	2	0.30	11	1.63
30th June ..	151	18.95	42	5.27	206	25.85	138	17.31	218	27.35	31	3.89	1	0.13	10	1.25
30th September	140	16.51	45	5.31	250	29.48	106	12.50	264	31.13	29	3.42	2	0.24	12	1.42
31st December	154	16.23	50	5.27	273	28.77	133	14.01	275	28.98	40	4.21	1	0.11	23	2.42
1951.																
31st March ..	161	14.88	57	5.27	287	26.52	175	16.17	344	31.79	49	4.53	—	—	9	0.83
30th June ..	153	13.14	73	6.27	340	29.21	149	12.80	386	33.16	51	4.38	1	0.09	11	0.95
30th September	144	12.24	64	5.44	363	30.87	149	12.67	380	32.31	58	4.93	1	0.09	17	1.45
31st December	90	7.97	63	5.58	358	31.71	134	11.87	404	35.78	63	5.58	3	0.27	14	1.24
1952.																
31st March ..	84	6.95	64	5.29	373	30.85	144	11.91	457	37.80	69	5.71	4	0.33	14	1.16
30th June ..	89	7.22	69	5.60	359	29.12	132	10.71	491	39.82	77	6.24	—	—	16	1.29
30th September	104	8.37	65	5.23	398	32.02	120	9.65	467	37.57	77	6.19	—	—	12	0.97
31st December	88	6.35	78	5.63	415	29.94	147	10.61	570	41.12	75	5.41	—	—	13	0.94
1953.																
31st March ..	87	5.75	79	5.22	497	32.82	146	9.64	610	40.29	81	5.35	1	0.07	13	0.8
30th June ..	86	5.39	74	4.64	496	31.10	174	10.91	674	42.26	82	5.14	1	0.06	8	0.5
30th September	78	4.92	82	5.17	484	30.54	159	10.03	691	43.60	80	5.05	—	—	11	0.6
31st December	70	4.24	82	4.97	515	31.17	163	9.87	731	44.25	83	5.02	—	—	8	0.4

## SECTION 51.—MENTAL HEALTH SERVICE.

## ADMINISTRATION.

The Authority's powers and duties under the Lunacy and Mental Treatment Acts, 1890–1930, and Mental Deficiency Acts, 1913–38, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters.

The service continues to operate generally on the lines set out in the County scheme. Dr. Gwladys Evans was appointed senior medical officer for mental health work, and took up her new duties on the 1st March 1953, thus being able to afford some relief to my deputy, Dr. R. T. Bevan, who had previously undertaken responsibility for the major portion of this work. Dr. D. T. Lewis has also been employed on a sessional basis to undertake some of the examinations or re-examinations of defectives and it has not been necessary to seek the assistance of the Regional Hospital Board in this respect.

The following are engaged on mental health work :—

*Mental Deficiency Acts, 1913–38.*

Senior Medical Officer	..	Dr. Gwladys Evans.
Part-time Medical Officer	..	Dr. David T. Lewis.
Petitioning Officers	.. ..	The County Medical Officer. The Deputy County Medical Officer. Mr. W. J. Harris.
Supervisors	.. ..	Mrs. Catherine Edwards, S.R.M.N. Miss Janet Owen, S.R.M.N. Miss Norah L. Roberts, R.M.P.A.
Part-time Home Teacher	..	Mrs. G. J. Edwards.

*Greenhill Occupation Centre.*

Supervisor	.. ..	Miss M. E. Stephens.
Assistant Supervisor	..	Miss M. J. Lloyd.
Caretaker-Instructor	..	Mr. D. T. Bowen (Mrs. Bowen acts as cook and assists her husband with the duties of caretaker).
Gardener-Assistant	.. ..	Mr. D. G. Thomas.

*Baglan Occupation Centre.*

Supervisor	.. ..	Miss M. E. Grey.
Assistant Supervisor	..	Miss S. J. Howells.

*Lunacy and Mental Treatment Acts, 1890–1930.*

*Duly Authorised Officers—*

Mr. E. J. Powell.  
Mr. D. G. Evans (to 31st December, 1953).  
Mr. Ivor Evans.  
Mr. S. Williams.

*Co-ordination with Hospital Management Committees.*

The appointment in July, 1952, by the Morgannwg Hospital Management Committee of a full-time psychiatric social worker has resulted in a decrease of visits by our Mental Health Supervisors to patients licensed from Hensol Castle, but they continued their visits to defectives on licence from other institutions and also reported on home circumstances of patients applying for home leave and of cases due for review by the visiting justices. In all, 337 such visits were made on behalf of hospital authorities.

PREVENTION, CARE AND AFTER-CARE UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

My deputy, Dr. R. T. Bevan, continues to devote special attention to this branch of our work. His first-hand knowledge of the more difficult cases and their home conditions is of real value in enabling an equitable assessment to be made of the claims received from or on behalf of relatives desirous of securing an institutional place for a defective. The priority list itself is a lengthy one and the number of institutional vacancies made available by the Regional Hospital Board are still insufficient, although it is pleasing to report that, owing to more accommodation becoming available at Llanfrechfa Grange and Hensol Castle, fifty-eight admissions were arranged last year, compared with forty-one during 1952.

Twenty-six defectives remained under guardianship at the end of 1953.

# MENTAL DEFICIENCY WAITING LIST.

On the 31st December, 1953, there were 247 male and 273 female defectives for whom institutional accommodation had been recommended.

The nature and urgency of these cases may be gleaned from the following summary :—

Classification.	Urgent Cases.				Non-Urgent Cases.			
	Under 16.		Aged 16 and over.		Under 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
(i) "Cot and Chair" cases .. .. .	8	6	2	4	4	7	16	10
(ii) Ambulant, low grade cases .. .. .	1	—	1	—	—	—	1	2
(iii) Medium grade cases .. .. .	15	10	21	13	9	15	55	53
(iv) High grade cases .. .. .	—	—	18	36	1	2	95	115
Total .. .. .	24	16	42	53	14	24	167	180

## SHORT TERM CARE OF MENTAL DEFECTIVES IN CASES OF URGENCY.

In January, 1952, the Ministry of Health stated in Circular 5/52 that in many families where there is a mental defective critical situations may arise in which it is urgently necessary that the defective should be cared for elsewhere than at home for the time being. Examples of this are illness of a member of the family the mother being in urgent need of a holiday ; or the defective in urgent need of treatment which because of his mental defect cannot be conveniently given in a hospital. In cases where the family is unable to cope with the situation for financial or other reasons defectives may be admitted without legal formality to institutions for mental defectives, the period in normal circumstances not to exceed two months.

Two defectives were admitted to institutions in these circumstances in 1952, and two in 1953.

## ASCERTAINMENT.

The number of defectives ascertained as subject to be dealt with during the year was eighty-three.

The following table gives a comparison of the work carried out during 1953 with that of the previous years :—

Year.	No. of defectives ascertained as subject to be dealt with during the year.	No. of examinations made by Medical Officer during the year.	No. of patients under guardianship on 31st December.	No. of patients under statutory and other supervision on 31st December.	No. of patients admitted during the year to—	
					Institutions.	Places of Safety.
1949	118	534	229	803	25	3
1950	111	514	71	1,114	15	2
1951	81	229	37	1,174	28	11
1952	67	305	30	1,227	41	15
1953	83	312	26	1,182	58	19

Seventy-six of the newly ascertained patients were placed under statutory supervision.



## OCCUPATION AND TRAINING.

*Baglan.*

The centre established in March, 1952, at the old voluntary school at Baglan has fully justified its existence during the brief period for which it has been in operation. Those attending are drawn from the Mid-Glamorgan, Port Talbot and Glyncoed, and the Neath and district Health Divisions. When the centre was first opened there were seventeen defectives in attendance. The number has grown to thirty (nine boys and twenty-one girls) and it is intended to appoint an additional assistant in the next financial year.

The premises are somewhat cramped, but excellent work is being done there in spite of the difficulties which the staff have to cope with daily. An extract from the report of the first visit made to centre by one of the inspectors of the Board of Control is given below. The opening sentence indicates the success already achieved by the supervisor and her assistant in handling a mixed group of children of varying ages :—

"This is a happy little centre and the work is carried out on progressive lines. Today the children were rehearsing for their Christmas concert, so I was able to see a good sample of their various activities.

A gramophone and suitable records have now been provided and one of the older girls, who plays the piano fairly well by ear, acts as accompanist. 3-R work has been discontinued.

Satisfactory progress has been made with simple handwork, and articles seen were reasonably well finished.

Dr. W. E. Thomas, the County Medical Officer of Health, visits regularly and has shown interest in this work. I gathered that arrangements were being made for yearly medical examinations to be carried out, and also for clinic facilities. Midday dinners are sent in from the School Service canteen, and today I saw a well-balanced meal quickly served. I was impressed by the excellent behaviour of the children, especially during the meal.

The system by which individual progress is recorded by each teacher was discussed during the visit. Mention was also made that half-yearly records be kept.

W.C. accommodation is limited, but supervision appears adequate at present."

*Greenhill Occupation Centre, Aberaman.*

The new workshop erected during the year forms a valuable and long overdue improvement to the craft and training facilities for boys at this centre. For many years they have been working under cramped and unsatisfactory conditions, and the extra space now available will enable the workshops to be transferred and the remaining accommodation to be put to good use. The equipment of the centre was improved during the year by the installation of a carpenter's bench for the use of trainees. The centre is now reasonably well equipped. The boys are usefully engaged in a variety of handicrafts and full domestic training is available for the girls, apart from handwork and other activities suited to their mental and physical capacities. Eighteen boys and thirteen girls were in attendance at the end of the year.

*General.*

Fourteen defectives from Glamorgan attend at the Swansea Occupation Centre and four at the Cardiff Occupation Centre, by arrangement with the authorities concerned.

## SUPERVISION.

As mentioned in my report last year, the health visiting staff are assisting in the routine domiciliary visiting of 193 of the 1,182 defectives under statutory or other supervision.



In the main the cases selected for visiting by a health visitor are those in households she would be visiting in the course of her normal duties in connection with the following :—

- (1) Children under school age reported as mental defectives.
- (2) Children reported under Section 57 (3) of the Education Act, 1944.
- (3) Adolescents recently reported under Section 57 (5) of the Education Act, 1944.
- (4) Mentally defective mothers of young children.

The Mental Health Supervisors, of course, continue to visit all mental defectives, but where it is known that health visitors are making routine visits the visits of the Mental Health Supervisors are made at less frequent intervals. By this means more of their time is available for dealing with the more difficult cases involving intensive case work or priority consideration for institutional treatment.

#### LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

Patients in need of mental treatment in hospital are usually dealt with under one of the following procedures :—

- (a) Voluntary cases under Section 1 of the Mental Treatment Act, 1930.
- (b) Temporary cases (Section 5) of the Mental Treatment Act, 1930.
- (c) Three-day Orders under Section 20 of Lunacy Acts.
- (d) Summary reception Orders under Sections 14-16 Lunacy Act.
- (e) Under Section 21 (1) of the Lunacy Act.

In practice most of the patients secure admission as voluntary patients, and it is a tribute to the enlightened outlook of our times that the forcible removal of a patient suffering from an acute mental state is happily a most rare occurrence.

During 1953, the Duly Authorised Officers, whose districts are given below, arranged the admission to hospital of 771 patients, 486 of whom were admitted as voluntary patients under the Mental Treatment Acts :—

<i>Duly Authorised Officers.</i>	<i>Districts covered.</i>
Mr. D. G. Evans ..	Cardiff Rural (excluding parishes of Van, Rudry, and Rhydygwern), Penarth Urban, Barry Borough, Cowbridge Borough, Cowbridge Rural, Penybryn Rural, Bridgend Urban, and Porthcawl Urban.
Mr. Ivor Evans ..	Neath Borough, Neath Rural, Llwchwr Urban, Pontardawe Rural, Gowerton Rural, and Port Talbot Borough.
Mr. E. J. Powell ..	Rhondda Urban, Ogmore and Garw Urban, Llantrisant and Llantwit Fardre Rural, Maesteg Urban, and Clyncoerwrg Urban.
Mr. S. Williams ..	The parishes of Van, Rudry, and Rhydygwern in Cardiff Rural, Gelligaer Urban, Caerphilly Urban, Aberdare Urban, Mountain Ash Urban, and Pontypridd Urban.

#### HOSPITAL ADMISSIONS.

There was a marked increase in the total number of cases admitted to hospitals during the year, the most noticeable increase being the use made of Section 20 of the Lunacy Act, 1890—where patients are admitted to hospital for observation—which increased by 57·63 per cent over the previous year. Sixty-seven more voluntary patients were admitted over the previous year, the percentage of such patients being 63·4 per cent compared with 64·07 per cent in 1952.

My thanks are due to the justices who, at short notice, and often at personal inconvenience, readily assist the Duly Authorised Officers and the Petitioning Officers of my Department in dealing with individual patients whether under the Lunacy Mental Treatment or Mental Deficiency Acts.

#### SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY DULY AUTHORISED OFFICERS.

Year.	Mental Treatment Act, 1930, Section 1. Voluntary patients.		Mental Treatment Act, 1930, Section 5. Temporary patients.		Lunacy Act, 1890, Section 14 (2). Persons in need of proper care and attention.		Lunacy Act, 1890, Section 16. Patients certified as of unsound mind.		Lunacy Act, 1890, Section 20. Patients admitted for observation.		Total admissions arranged.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949	96	121	3	2	65	85	28	27	4	7	438
1950	139	176	2	9	45	65	45	45	14	10	550
1951	152	173	4	11	36	42	45	62	12	19	556
1952	186	233	1	6	48	56	23	42	25	34	654
1953	221	265	2	3	27	31	63	66	55	38	771

#### AFTER-CARE.

Formal notifications are received of the discharge of patients from mental hospitals. Where follow-up visits are thought by the Medical Superintendent to be desirable in the interest of a patient, these are arranged on receipt of the Medical Superintendent's request. Compared with the number of patients discharged from mental hospitals the number for whom follow-up visits are requested is few, although our experience has been that in these cases regular visits extending over many months are usually necessary in the patient's interest.

One hundred and seventy-four after-care visits were made by Duly Authorised Officers in 1953, and sixty-four after-care visits were made by Mental Health Supervisors and health visitors, making a total of 238 visits.

#### SPECIAL SURVEY OF MONGOLS.

An enquiry has been made by Dr. R. T. Bevan into the family history of Mongols under supervision or guardianship. Some very interesting facts have emerged, and Dr. Bevan's report which follows, though brief, is a valuable contribution towards the study of Mongolism.

#### "Special Survey of Mongols."

Mongolism is probably one of the most interesting forms of mental deficiency. The characteristic appearance of a Mongol is well known. Although many theories have been suggested as to the cause of Mongolism, up to the present there does not seem to be any single theory which can account for all Mongols. The similarity in their appearance suggests that the cause is to be found during a particular stage in foetal development.

A survey has been carried out of Mongols in the care of the Mental Health Authority in Glamorgan, and particular attention has been paid to the medical history of the mother during the pregnancy and also to the family history. Altogether, eighty Mongols have been included in the survey. The total number of Mongols is, however, larger, since only those reported to the Local Health Authority have been included. There are in addition some Mongols in schools, and it is probable that some of the very young ones have not, as yet,

been reported. A few, whose parents were too old to give a reliable history, have also been excluded from the survey. It is suggested, however, that the eighty included in the survey form a representative sample. The group is made up of fifty-four males and twenty-six females, i.e. twice as many males as females.

In seeking the cause of any deviation from the normal, it is usual to consider environmental and hereditary causes. It is, therefore, proposed to consider first the possible environmental causes of Mongolism. One of the usual theories regarding Mongols is that they are children of old parents and, therefore, the following table showing the age of the mother at the birth of the Mongol is of interest :—

TABLE I—AGE OF MOTHER AT BIRTH OF CHILD.

Age.	Mothers of Mongols.		Mothers of all children 1939-45.
	No.	%	
—19	2	2.5	$\frac{\%}{3.2}$
20—	6	7.6	24.2
25—	11	13.9	30.2
30—	18	22.8	24.0
35—	18	21.5	13.7
40—	25	31.7	4.7
	80	100.0	100.0

It will be seen from the above table that the expected percentage of mothers aged over 40 years at the time of birth of a child is 4.7 per cent, but in the group surveyed it was 31.7 per cent, i.e. almost seven times the percentage expected. This shows that a Mongol child is more likely to result when the mother is near the end of her child-bearing period.

The position of the Mongol child in the family is also a matter of interest, and this is shown in Table II

TABLE II—NUMBER OF PREVIOUS PREGNANCIES.

Number of previous pregnancies.	Mothers of Mongols.		Mothers of all children 1939-45.
	No.	%	
0	20	25.0	$\frac{\%}{43.5}$
1	16	20.3	26.9
2	9	11.4	13.2
3	11	13.9	6.6
4	9	10.1	3.7
5-6	7	8.9	3.7
7—	8	10.1	2.4
	80	99.7	100.0



It will be seen from the previous table that whereas 43·5 per cent of all pregnancies are first pregnancies, in the group surveyed only 25 per cent are first pregnancies and, whereas, in the general population; in 9·8 per cent of all pregnancies there have been four or more previous pregnancies, yet in the pregnancies reviewed, in 29·1 per cent there had been four or more previous pregnancies. These figures suggest that Mongolism is more liable to occur at the end of long families.

Another common conception is that a Mongol is more frequently the result if a woman becomes pregnant for the first time late in life. The following table shows the age of the mother where the Mongol was a first child :—

Age of Mother.	No.
—19	2
20—	4
25—	3
30—	5
35—	4
40—	2
	20

These figures do not give strong support to the theory of the first pregnancy late in life as being an important factor in the production of Mongolism. Out of the eighty Mongols reviewed, only two were the result of a first pregnancy of a mother over forty years of age.

The health of the mother during pregnancy has been suggested as being of significance. In a survey such as this too much reliance should not be attached to the history as given by the mother. The mother tends to look for a cause for her Mongol child, and as time passes minor injuries and illnesses assume an exaggerated importance in her memory. Out of the eighty mothers interviewed, twelve gave histories of falls during the first few months of pregnancy and a further eight of falls during the latter half of the pregnancy. It may well be that this is in fact not an undue incidence, but the mother of a normal child forgets her minor injuries during pregnancy.

In five instances there was a history of a threatened abortion (two at three months, one at four months, and two at six months). In one case there was a history of an abdominal operation during the third month of pregnancy.

Some congenital defects have been shown to be related to infectious disease of the mother during pregnancy, and therefore it was important to ask the mother specific questions in relation to infectious diseases. One mother had an attack of measles when she was four months pregnant, and another two mothers stated that their children had measles during the early months of their pregnancies. One mother said she had shingles, another pleurisy, and a third pulmonary tuberculosis during the pregnancy that resulted in a Mongol.

It has been argued that illnesses during pregnancy might affect the nutrition of the developing foetus, or infections may possibly be transmitted to the foetus and so give rise to an abnormality.

The distinction between environmental and inherited factors in causing deviation from the normal is often helped by the study of twins. In the series reviewed there were four cases where the Mongol was one of twins. In three of these instances the other twin was normal, but in the fourth the other was a "spastic." Generally speaking the uterine environment of twins is the same unless there is some condition which impairs the blood supply of one foetus. Mongolism in twins is of particular interest since it is possible that some light may be shed on whether Mongolism is due to uterine environment or to inherited factors. In three of the sets of twins there is evidence to suggest that they were not identical. In the case of the fourth set of twins insufficient information is available and the parents have not been prepared to allow blood tests on the twins which would be of value in determining whether they are identical.

This is too small a series of twins to be of value in distinguishing between an ante-natal environment cause as distinct from an inherited one.

In a series of eighty pregnancies, only one set of twins is expected, but in the survey there were four sets, which suggests that Mongolism is more common in twins and this suggests that uterine environment is important.

During the investigations an attempt was made to obtain a family history to seek evidence of the possible importance of inheritance. Is Mongolism more frequent if there is a family history of mental disease or deficiency? It was considered that a family history more remote than uncles, aunts, first-cousins would be too unreliable to be included. The findings are shown in the following table :—

	Mother's family only.	Father's family only.	Mother's and father's family.
Mental deficiency or marked backwardness ..	6	6	4
Epilepsy .. .. .	3	7	0
Mental illness .. .. .	4	6	0

One family was encountered in which two of the children were Mongols. There was only one instance of family intermarriage (marriage between first-cousins). The statistics in this review, therefore, show that in the majority of cases there is no suggestion of a family history of backwardness, mental deficiency, epilepsy, or mental illness. It is quite possible that similar figures would be obtained in any random sample of the population. These figures, therefore, do not suggest any theory of heredity as being responsible for the causation of Mongolism.

Although no conclusive deductions can be made from this survey, yet the figures are of interest in that they confirm the increasing risk of a Mongol child when the mother is towards the end of her child-bearing age, and a slightly added risk in the later children of large families. It would seem, however, that the age of the mother is the more important factor.

The relationship between twins and Mongolism is a matter which is of interest, and further deductions could only be made safely by surveys on a national scale.

My thanks are due to Mrs. Catherine Edwards, Miss Janet Owen, and Miss Norah Roberts for the painstaking care with which they obtained the family histories of the cases surveyed. Without their ready assistance the survey could not have been made.

## PUBLIC HEALTH.

## COMMITTEES.

Health Committee (all members of County Council).

Chairman : County Alderman S. Cadogan, J.P.

Health Administration Sub-Committee (22 members).

Chairman : County Alderman the Rev. W. Degwel Thomas.

General Health Services Sub-Committee (56 members).

Chairman : County Councillor W. R. Francis.

## SENIOR PUBLIC HEALTH OFFICERS.

W. E. Thomas, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H... County Medical Officer.

R. T. Bevan, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H. .. Deputy County Medical Officer.

D. Evans Jones, M.Sc., F.R.I.C. .. .. . Public Analyst.

W. D. Lewis, M.R.San.I., M.S.I.A. .. .. . Senior County Sanitary Inspector.

H. P. Evans, A.R.San.I., M.S.I.A. .. .. . County Sanitary Inspector.

## CARDIFF AND COUNTY JOINT LABORATORY.

At the end of the year the County Council received from the Cardiff Corporation notice of termination of the agreement between the two Authorities with effect from the 28th February, 1954. The City Council propose to establish their own laboratory and their decision inevitably means the dissolution of the harmonious partnership under which the affairs of the laboratory have been joint administered with great credit to all concerned during the last fifty-five years.

There was a substantial increase in the volume of work undertaken at the laboratory, the number of samples examined being 14,060 as compared with 13,641 in 1952.

Mr. D. Evans Jones, the County Analyst, and his staff have been hard pressed to deal with this volume of work, which has been carried out despite staff shortages, and they are to be congratulated on the results achieved.

The Joint Laboratory Committee continued to receive reports from Dr. Scott Thompson, the Director of the Medical Research Laboratory, from whom we have received every assistance.

The following table gives an account of the chemical examinations undertaken at the Joint Laboratory during the year :—



Description of Samples.	County and County Districts.	Cardiff.	Other Authorities.	Total.
Food and Drugs Acts samples ..	6,095	—	358	6,453
Fertilisers and feeding stuffs .. ..	91	—	30	121
Motor spirit .. .. .	—	—	—	—
Water .. .. .	919	432	80	1,431
River water .. .. .	4	113	239	356
Sewage and sewage effluents .. ..	16	—	902	918
Trade effluents .. .. .	13	—	324	337
Pasteurised and sterilised milks ..	—	—	3,579	3,579
Ice cream .. .. .	629	—	8	637
Atmospheric pollution .. .. .	167	24	23	214
Urine .. .. .	—	—	—	—
Miscellaneous .. .. .	7	4	3	14
Totals .. .. .	7,941	573	5,546	14,060

#### FOOD AND DRUGS ACT, 1938.

The cleanliness of food supplies is a matter in which the County District Councils have been taking considerable interest in the last few years, and the improvements effected in the conditions under which food is sold have been noticeable in many parts of the County. During the year the Food and Drugs Amendment Bill 1953, was presented to Parliament. This Bill amends the 1938 Act and incorporates many of the recommendations of the working parties who, in recent years, have done much useful work in examining existing food legislation. Aiming at higher standards of cleanliness the Bill contains provisions which, if accepted by Parliament, will introduce powers intended to cover the whole field of hygiene relating to the construction, equipment, and cleanliness of premises, the use of materials, the manufacture of apparatus for the preparation of food, and the inspection of meat.

The bill empowers the Minister to extend the existing provisions for the registration of food and businesses not covered by existing legislation, and provision is made for the licensing of hawkers and of people selling food from stalls and vehicles. Much needed clarification regarding the labelling and advertising of food is also suggested to ensure that the public is not misled by inaccurate claims of nutritional or dietary value, and powers are included in the Bill to obtain information about chemical substances used in the course of manufacture of foods to improve their texture and flavour so that injurious ingredients may be properly controlled.

#### *Vitamin Preparations.*

During the year a large number of samples of Halibut Liver Oil and similar vitamin preparations were examined by the County Analyst and found to be deficient in Vitamin A content.

The Committee rightly took a serious view of this, and the County Councils Association were asked to consider the matter with a view to making representations to the Government to secure the introduction of legislation imposing an obligation upon manufacturers to stamp on purchases of these commodities a date beyond which they are not suitable for sale.

The measures taken to ensure the protection of the public and to detect adulteration of foodstuffs are reflected in the tables set out on the following pages :—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Milk .. .. .	288	2,082	2,370	78	309	387
Acetic Acid .. .. .	—	1	1	—	—	—
Almond Paste .. .. .	1	—	1	—	—	—
Arachis Oil .. .. .	—	1	1	—	—	—
Aspirin Tablets .. .. .	—	5	5	—	—	—
Baking Powder .. .. .	2	55	57	—	12	12
Barley Crystals .. .. .	—	1	1	—	1	1
Barley Flour .. .. .	—	2	2	—	—	—
Barley Pudding Mixture .. .. .	—	2	2	—	2	2
Beef Dripping Mixture .. .. .	1	—	1	—	—	—
Beer .. .. .	2	—	2	—	—	—
Bicarbonate of Soda .. .. .	—	11	11	—	—	—
Blancmange Powder .. .. .	—	38	38	—	—	—
Boiled Sweets .. .. .	1	—	1	—	—	—
Boracic Acid Powder .. .. .	—	1	1	—	—	—
Breakfast Oats .. .. .	—	1	1	—	—	—
Brimstone and Treacle .. .. .	—	1	1	—	—	—
Bun Flour .. .. .	—	4	4	—	—	—
Butter .. .. .	59	—	59	1	—	1
Butter Drops .. .. .	—	1	1	—	—	—
Butter Mints .. .. .	1	—	1	1	—	1
Butterscotch .. .. .	5	2	7	2	2	4
Cake Flour Mixture .. .. .	—	100	100	—	22	22
Cake and Bun Flour .. .. .	—	1	1	—	—	—
Cake and Pudding Mixture .. .. .	—	6	6	—	1	1
Cake Decorations .. .. .	—	1	1	—	—	—
Camphorated Oil .. .. .	—	1	1	—	—	—
Canned Apples .. .. .	—	3	3	—	1	1
Canned Baked Beans .. .. .	—	3	3	—	—	—
Canned Bilberries .. .. .	—	1	1	—	—	—
Canned Blackberries .. .. .	—	1	1	—	—	—
Canned Blackcurrants .. .. .	—	2	2	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Canned Broth .. ..	—	1	1	—	—	—
Canned Cherries .. ..	—	1	1	—	1	1
Canned Crushed Apple .. ..	—	2	2	—	—	—
Canned Fish .. ..	—	13	13	—	—	—
Canned Luncheon Meat .. ..	—	4	4	—	—	—
Canned Marmalade .. ..	—	1	1	—	—	—
Canned Mushrooms. . . .	—	1	1	—	—	—
Canned Oranges .. ..	—	4	4	—	1	1
Canned Oysters .. ..	—	1	1	—	—	—
Canned Peas .. ..	—	1	1	—	—	—
Canned Prunes .. ..	—	1	1	—	—	—
Canned Rhubarb .. ..	—	1	1	—	—	—
Canned Soup .. ..	—	10	10	—	1	1
Canned Sterilised Cream .. ..	—	23	23	—	—	—
Canned Strawberries .. ..	—	1	1	—	—	—
Caraway Seeds .. ..	—	1	1	—	—	—
Castor Oil .. ..	—	1	1	—	—	—
Chemical Food .. ..	—	2	2	—	—	—
Chocolate Spread .. ..	—	5	5	—	—	—
Cochineal .. ..	—	2	2	—	—	—
Cocoa .. ..	—	3	3	—	2	2
Coconut Flour .. ..	—	1	1	—	—	—
Cod Liver Oil .. ..	—	4	4	—	—	—
Coffee and Chicory Essence .. ..	—	48	48	—	—	—
Coffee Flavoured Beverage .. ..	—	2	2	—	—	—
Compound Fat .. ..	—	2	2	—	—	—
Condensed Milk .. ..	—	19	19	—	—	—
Cooking Fat .. ..	10	—	10	—	—	—
Cornflour .. ..	—	21	21	—	—	—
Cream .. ..	—	14	14	—	1	1
Cream of Tartar .. ..	—	4	4	—	—	—
Currants .. ..	2	3	5	—	—	—
Curry Powder .. ..	—	5	5	—	—	—
Custard Powder .. ..	—	23	23	—	—	—
Cut Mixed Peel .. ..	—	3	3	—	—	—
Dessert Powder .. ..	—	10	10	—	1	1
Desiccated Coconut. . . .	—	7	7	—	—	—
Disprin .. ..	—	1	1	—	—	—
Dried Beans .. ..	—	1	1	—	—	—
Dried Coffee Extract .. ..	—	1	1	—	—	—



Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Dried Figs .. .. .	—	1	1	—	—	—
Dried Grated Cheese .. .. .	—	1	1	—	—	—
Dried Green Peas .. .. .	—	1	1	—	—	—
Dried Onions .. .. .	—	1	1	—	—	—
Elixir Jaffol .. .. .	—	1	1	—	—	—
Epsom Salts .. .. .	—	7	7	—	—	—
Fish Paste .. .. .	—	23	23	—	1	1
Flavoured Rock .. .. .	—	1	1	—	—	—
Flour .. .. .	—	1	1	—	—	—
Fruit Sauce .. .. .	—	1	1	—	—	—
Gelatine .. .. .	—	7	7	—	—	—
Ginger .. .. .	—	1	1	—	—	—
Ginger Wine.. .. .	—	1	1	—	—	—
Glacé Cherries .. .. .	—	3	3	—	—	—
Glauber Salts .. .. .	—	7	7	—	2	2
Glucose, Lemon and Honey Mixture	—	1	1	—	—	—
Glycerine .. .. .	—	4	4	—	—	—
Grape Juice .. .. .	—	1	1	—	—	—
Grape Nuts .. .. .	—	1	1	—	—	—
Gravy Browning .. .. .	—	13	13	—	—	—
Ground Almonds .. .. .	2	2	4	—	—	—
Ground Cinnamon .. .. .	—	2	2	—	—	—
Ground Coffee .. .. .	—	1	1	—	—	—
Ground Ginger .. .. .	—	4	4	—	—	—
Ground Nutmeg .. .. .	—	1	1	—	—	—
Guava Jelly .. .. .	—	1	1	—	—	—
Halibut Liver Oil .. .. .	—	35	35	—	11	11
Health Salts .. .. .	—	10	10	—	5	5
Honey .. .. .	—	9	9	—	—	—
Horse Radish Sauce .. .. .	—	2	2	—	—	—
Ice-cream .. .. .	119	—	119	10	—	10
Icing Sugar .. .. .	—	2	2	—	—	—
Jam .. .. .	—	33	33	—	—	—
Jelly Compound .. .. .	—	4	4	—	—	—
Junket Powder .. .. .	—	1	1	—	—	—
Lard .. .. .	3	—	3	—	—	—
Lemon Cheese .. .. .	—	3	3	—	—	—
Lemon Curd .. .. .	—	14	14	—	—	—
Lemonade Crystals .. .. .	—	3	3	—	—	—
Lemon Flavouring Essence .. .. .	—	1	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Lemon Juice .. .. .	—	1	1	—	—	—
Lemon Slices .. .. .	—	1	1	—	—	—
Lentils .. .. .	—	1	1	—	—	—
Liquorice Sticks .. .. .	—	1	1	—	—	—
Liquid Paraffin .. .. .	—	1	1	—	—	—
Liver Salts .. .. .	—	1	1	—	1	1
Lucozade .. .. .	—	1	1	—	—	—
Macaroni .. .. .	—	3	3	—	—	—
Malt Extract .. .. .	—	2	2	—	—	—
Malt Extract with Cod Liver Oil ..	—	1	1	—	—	—
Margarine .. .. .	4	—	4	—	—	—
Marmalade .. .. .	—	11	11	—	—	—
Marshmallow Crème .. .. .	—	2	2	—	—	—
Mashed Potato Powder .. .. .	—	2	2	—	—	—
Mayonnaise .. .. .	—	4	4	—	1	1
Meat Paste .. .. .	—	33	33	—	—	—
Milk Pudding Mixture .. .. .	—	2	2	—	—	—
Mincemeat .. .. .	—	13	13	—	—	—
Mixed Cut Peel .. .. .	—	4	4	—	—	—
Mushroom Ketchup .. .. .	—	1	1	—	—	—
Mustard .. .. .	—	15	15	—	—	—
Mustard Sauce .. .. .	—	2	2	—	—	—
Non-Alcoholic Cydro Drink .. .. .	—	1	1	—	—	—
Non-Alcoholic Wine .. .. .	—	1	1	—	—	—
Non-Brewed Condiment .. .. .	—	4	4	—	1	1
Oat Cakes .. .. .	—	1	1	—	—	—
Oatmeal .. .. .	—	1	1	—	—	—
Olive Oil .. .. .	—	10	10	—	—	—
Orange Squash .. .. .	—	14	14	—	—	—
Orangeade Tablets .. .. .	—	2	2	—	—	—
Pancake and Yorkshire Pudding Mixture .. .. .	—	2	2	—	—	—
Parsley and Thyme Stuffing .. .. .	—	1	1	—	—	—
Pastry Mixture .. .. .	—	4	4	—	2	2
Patent Barley .. .. .	—	8	8	—	1	1
Patent Oatmeal .. .. .	—	1	1	—	—	—
Pepper Flavoured Compound .. .. .	—	4	4	—	—	—
Pickled Walnuts .. .. .	—	1	1	—	—	—
Popcorns .. .. .	—	1	1	—	—	—
Potted Salmon .. .. .	—	1	1	—	—	—

Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Processed Cheese .. ..	—	1	1	—	—	—
Processed Peas .. ..	—	1	1	—	—	—
Prunes .. ..	—	1	1	—	—	—
Pudding Mixture .. ..	—	27	27	—	1	1
Raisins .. ..	—	5	5	—	—	—
Raspberryade .. ..	—	1	1	—	—	—
Redcurrant Jelly .. ..	—	2	2	—	—	—
Rendered Bacon Fat .. ..	1	—	1	—	—	—
Rice .. ..	—	21	21	—	—	—
Rice Creamola .. ..	—	1	1	—	1	1
Rum Flavouring Essence .. ..	—	1	1	—	—	—
Rusks .. ..	—	1	1	—	1	1
Saccharin Tablets .. ..	—	6	6	—	—	—
Sage and Onion Stuffing .. ..	—	3	3	—	—	—
Sago .. ..	—	10	10	—	—	—
Salad Cream.. ..	—	22	22	—	—	—
Sandwich Spread .. ..	—	6	6	—	—	—
Sauce.. ..	—	21	21	—	—	—
Sauce Powder .. ..	—	1	1	—	—	—
Sausage in Spaghetti .. ..	—	1	1	—	—	—
Savoury Spread .. ..	—	1	1	—	—	—
Saxin Tablets .. ..	—	1	1	—	—	—
Scone Flour Mixture .. ..	—	3	3	—	3	3
Seedless Raisins .. ..	1	—	1	—	—	—
Self Raising Flour .. ..	1	65	66	—	3	3
Semolina .. ..	—	11	11	—	1	1
Sherbert .. ..	—	2	2	—	—	—
Shredded Beef Suet .. ..	—	25	25	—	—	—
Shortcake Mixture .. ..	—	1	1	—	—	—
Soft Drink Tablets .. ..	—	1	1	—	—	—
Soya Flour .. ..	—	2	2	—	—	—
Sparkling Non-Alcoholic Cydersnap	—	1	1	—	—	—
Spearmint Chew .. ..	—	1	1	—	—	—
Sponge Jelly .. ..	—	1	1	—	—	—
Sponge Flour Mixture .. ..	—	122	122	—	14	14
Steamed Pudding Mixture.. ..	—	2	2	—	2	2
Stomach Powder .. ..	—	2	2	—	—	—
Sugar.. ..	—	5	5	—	—	—
Sugar Sweetened Lemola .. ..	—	1	1	—	—	—
Sultanas .. ..	4	5	9	—	—	—



Article. (1)	Number examined.			No. adulterated or otherwise giving rise to irregularity.		
	Formal. (2)	Informal. (3)	Total. (4)	Formal. (5)	Informal. (6)	Total. (7)
Sweet Pickle .. ..	—	1	1	—	—	—
Synthetic Cream .. ..	—	5	5	—	—	—
Syrup of Borax .. ..	—	1	1	—	—	—
Table Jelly .. ..	—	86	86	—	1	1
Tapioca .. ..	—	4	4	—	—	—
Tea .. ..	—	27	27	—	—	—
Tea Cake Mixture .. ..	—	3	3	—	—	—
Thirst Quenchers .. ..	—	1	1	—	—	—
Toffee .. ..	—	1	1	—	—	—
Tomato Sauce .. ..	—	25	25	—	—	—
Tomato Spread .. ..	—	1	1	—	—	—
Tonic Wine .. ..	—	1	1	—	—	—
Trifle Pack .. ..	—	6	6	—	—	—
Turkish Delight .. ..	1	—	1	—	—	—
Vegetable Salad .. ..	—	1	1	—	—	—
Vegetable Soup Extract .. ..	—	1	1	—	—	—
Vinegar .. ..	1	39	40	—	—	—
Virol .. ..	—	1	1	—	—	—
Vitamin Capsules and Tablets ..	—	48	48	—	7	7
Weetabix .. ..	—	2	2	—	2	2
Welsh Rarebit .. ..	—	1	1	—	—	—
White Fondant .. ..	—	1	1	—	—	—
White Pepper .. ..	1	13	14	—	—	—
Yeast Vite Tablets .. ..	—	1	1	—	—	—
Yoghourt Milk .. ..	—	1	1	—	—	—
Yorkshire Pudding and Pancake Mixture .. ..	—	5	5	—	1	1
Zinc Ointment .. ..	—	1	1	—	—	—
Total .. ..	510	3,600	4,110	92	419	511

During the year 4,110 samples, of 8·7 samples per 1,000 population, were collected from the County area for which the Council is responsible as a Food and Drugs Authority, and submitted for analysis by the analyst. This showed an improvement on previous years. This area excludes the Municipal Boroughs of Neath and Port Talbot and the Urban Districts of Aberdare, Pontypridd, and Rhondda.

Five hundred and eleven samples, or 12·4 per cent of the total samples collected, were found to be unsatisfactory. Of the 2,370 samples of milk taken, 1,983 (or 93·7 per cent) were found to conform with the standards laid down for genuine milk, which should contain not less than 3 per cent milk fat and not less than

8·5 per cent non-fatty solids. It does not, however, follow that the remaining 387 samples were of adulterated milk, since 262 samples did not reach the standard for non-fatty solids, but in each case the freezing point test showed no evidence of added water. Then, again, the following butter fat deficiencies were found on analysis :—

Thirty lower than 5 per cent ;  
 Forty-nine between 5 and 15 per cent ; and  
 Thirty-five above 15 per cent.

In four cases where deficiency of butter fat was found and the "Appeal to Cow" procedure was followed, the results indicated that all were genuine milk.

#### ANALYSIS OF IRREGULAR SAMPLES OTHER THAN MILK.

Commodity.	Number of samples.	Nature of adulteration or irregularity.
Cake Mixtures .. .. .	22	Infested with meal mites.
Sponge Flour Mixture .. .. .	13	do.
Barley Pudding Mixture .. .. .	2	do.
Cake and Pudding Mixture .. .. .	2	do.
Dessert Powder .. .. .	1	do.
Rice Creamola .. .. .	1	do.
Scone Flour Mixture .. .. .	2	do.
Steamed Pudding Mixture .. .. .	2	do.
Pastry Mixture .. .. .	2	Hydrolytic rancidity.
Mayonnaise .. .. .	1	do.
Baking Powder .. .. .	12	Deficient in available carbon dioxide.
Self Raising Flour .. .. .	3	do.
Health Salts .. .. .	5	do.
Liver Salts .. .. .	1	do.
Semolina .. .. .	1	Infested with book lice and meal mites.
Sponge Flour Mixture .. .. .	1	do.
Scone Flour Mixture .. .. .	1	do.
Yorkshire Pudding, Pancake and Fritter Mixture	1	do.
Non-brewed Condiment .. .. .	1	Inferior quality with low figure for acetic content.
Cocoa .. .. .	2	Showed evidence of infestation of book lice.
Barley Crystals .. .. .	1	Was not suitable for use as the physical state had altered.
Table Jelly .. .. .	1	Deficient in sugar.
Rusks .. .. .	1	Infested with larvae of moth.
Glauber Salts .. .. .	2	Did not comply with the requirements of the British Pharmacopoeia, 1953.

Commodity.	Number of samples.	Nature of adulteration or irregularity.
Vitamin Tablets and Capsules .. .. .	7	Deficient in Vitamin A content.
Halibut Liver Oil .. .. .	11	do.
Cream .. .. .	1	Did not comply with the definition of cream because the fat in the sample was not milk fat.
Canned Soup .. .. .	1	Contained an excessive amount of tin.
Canned Apple .. .. .	1	do.
Canned Oranges .. .. .	1	do.
Canned Cherries .. .. .	1	do.
Butterscotch .. .. .	4	Deficient in butter-fat.
Butter Mints .. .. .	1	do.
Weetabix .. .. .	2	Infested with moth eggs and web.
Patent Barley .. .. .	1	Infested with beetles.
Fish Paste .. .. .	1	Deficient in fish content.

No legal action is taken on these samples, as cake and sponge mixtures are sampled informally. The Local Sanitary Authority in each case has been asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps are taken to inform the manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

Despite most careful precautions by the manufacturers, it is practically impossible to completely destroy the ova of meal mites from cereal foods. If these products are kept in stock for prolonged periods the ova hatch out and infestation occurs. The sampling officers always impress upon retailers the need for quick turnover of stocks.

During the year legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in seventeen cases, fines totalling £68 10s. 0d. plus £15 15s. 0d. advocate's fee and £12 15s. 0d. analyst's fee being imposed on the vendors.

The following report has been contributed by Mr. W. D. Lewis, the Senior County Sanitary Inspector :—

*“Food and Drugs.*

The total number of samples procured for analysis by the Public Analyst was 4,110, as compared with 4,054 during the previous year. It is pleasing to note that although more samples were taken the number of prosecutions fell from thirty-three to seventeen.

*Milk.*

Most of the milk which is retailed in the County is bottled, and it is very rarely that a sample of bottled milk is found to be deficient. This is probably due to the fact that where the milk is pasteurised or sterilised the milk from the farms is bulked for treatment, with the result that the bottle of milk gives a fair average of the whole.

Two thousand three hundred and seventy samples of milk were collected, and 387 were reported by the Public Analyst as being below the "presumptive" standard for genuine milk. Although reported as being below the standard, they were, with few exceptions, samples of genuine milk as produced by the cows, and it is not an offence to sell such milk.

Of the 2,370 samples, 262 were found to be deficient in solids not fat, but the Hortvet Freezing Point Test proved that they were genuine milk, the deficiency being natural and not due to interference.

The remaining 125 samples were found to be deficient in milk fat, and here again, in the majority of cases, the deficiencies were found to be natural, varying with the time of year when the samples were taken.

The few cases where prosecutions have been taken are samples taken in transit or on delivery from the farms to the milk depots.

#### *Ice-cream.*

The chemical standard prescribed for ice-cream has again been amended by an Order which increases the fat content from 4 per cent to its original 5 per cent, as prescribed by the Food Standard Order, 1951.

One hundred and nineteen samples were submitted for analysis, ten of which were below standard. Legal proceedings were taken and the manufacturers were fined.

#### *Halibut Liver Oil and Vitamin Capsules.*

Ninety samples of various halibut liver oil and cod liver oil capsules and tablets were submitted for testing for vitamin content. The British Pharmacopoeia prescribes a standard of vitamin content for these capsules and tablets. Eighteen of the samples were found to be deficient in vitamins and when enquiries were made regarding the source of supply and manufacture it was found that in each case the capsules had been in stock in the retailer's premises for quite a considerable time, with a consequent deterioration of the vitamins. The remainder of the stocks were immediately withdrawn from sale and the matter taken up with the manufacturers. They stated that when the capsules were prepared by them they contained more than the required units of vitamins to allow for a certain amount of loss during storage, but prolonged and faulty storage would reduce the potency.

It has been suggested to the manufacturers that all such capsules and tablets should be stamped with a date beyond which the articles should not be sold."

#### THE MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Under these regulations the County Council is responsible for the issue of dealers' licences in respect of heat treatment plants operated within that part of the County for which they are responsible under the Food and Drugs Acts, 1938.

There were twelve such licences in operation on 31st December, 1953. Regular visits of inspection are made by the County Sanitary Inspectors, who take samples in order to check the efficiency of pasteurisation. Unsatisfactory results are reported to the Ministry of Food. During the year 926 samples were taken, of which thirty were unsatisfactory, twenty-two on the methylene blue test and eight on the phosphatase test.

#### PHARMACY AND POISONS ACT, 1933.

My Department undertakes the duties of inspection previously carried out by the County police in connection with registration of premises in which poisons scheduled in Part II of the Poisons List are permitted to be sold.



The work is carried out by the County Sanitary Inspector and his assistant in conjunction with their other duties ; 732 inspections were made during the year.

#### FOOD HYGIENE.

##### *Outbreak of Salmonella Typhi Murium.*

In the early part of February an outbreak of Salmonella Typhi Murium was reported in the Colcot-Wenvoe area. Prompt action was taken by the District Medical Officer of Health concerned, and the infection was quickly brought under control. The investigation revealed that there were 100 positive cases in the area of Barry M.B., eighty-one of whom were pupils of Colcot Infants' School, and another fifteen in the Cardiff R.D.C. area. It was fortunate that the only ill-effects were abdominal pains and diarrhoea.

The infective agent was milk produced and bottled at a dairy farm in the Cardiff R.D.C. area, and it became evident that the milk had been contaminated either in the process of milking or bottling. On the day in question the milk had not been pasteurised, although the dairy farmer concerned had undertaken to supply pasteurised milk to the Colcot and Wenvoe Primary Schools.

Immediately the milk supply became suspect, arrangements were made for its pasteurisation and bottling at an outside establishment.

This occurrence is yet another example of the desirability of pasteurisation of milk and of the risks inherent when milk is produced and bottled at the same establishment.

#### HOUSING.

From a perusal of the annual reports of my colleagues in County districts, progress in house building continues to be a healthy feature of the activities of the Local Housing Authorities, and the following table compiled from information kindly furnished by the District Council Surveyors bears eloquent testimony to the efforts that are being made.

District.	By Local Authority.				By private enterprise, Building Societies, etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1953.	Number partly completed during the year 1953.	Number for which plans were passed but not commenced during the year 1953.
	Completed and occupied during the year 1953.	Partly completed during the year 1953.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare .. .. .	272	162	—	1,569	6	3	2
Barry Borough .. ..	414	96	30	2,442	55	63	78
Bridgend .. .. .	280	72	—	961	58	37	10
Caerphilly .. .. .	234	72	—	2,222	158	41	4
Cowbridge Borough ..	—	—	16	48	—	—	1
Gelligaer .. .. .	92	26	112	1,192	83	273	161
Glyncorrwg .. .. .	50	34	54	667	1	1	—
Llwchwr .. .. .	80	6	114	1,312	8	9	67
Maesteg .. .. .	150	26	—	699	6	18	2
Mountain Ash .. ..	60	14	—	733	1	—	—
Neath Borough .. ..	84	138	164	1,511	17	13	—
Ogmore and Garw ..	18	50	356	693	—	2	—
Penarth .. .. .	189	80	—	831	21	17	24
Pontypridd .. .. .	16	106	—	1,241	8	2	9
Porthcawl .. .. .	35	—	10	324	58	37	15
Port Talbot Borough ..	650	330	338	3,704	24	50	10
Rhondda .. .. .	128	168	56	1,217	9	3	5
Cardiff Rural .. ..	260	270	59	1,305	178	187	164
Cowbridge Rural .. ..	240	171	80	1,240	20	10	51
Gower .. .. .	14	42	—	300	29	36	10
Llantrisant and Llantwit							
Fardre .. .. .	82	114	—	1,950	18	13	1
Neath Rural .. .. .	200	224	32	1,973	20	28	40
Penybont .. .. .	297	233	42	2,062	37	17	32
Pontardawe .. .. .	48	102	8	1,650	8	3	10
Totals .. .. .	3,897	2,536	1,471	31,873	823	863	696

In few districts, however, is there any real lessening of the gap between housing demand and supply. Failure, whether due to financial or other reasons, to carry out adequate works of maintenance of some of the older privately-owned properties serves only to bring nearer the time when many of these properties will have to be marked for demolition, thus adding to the existing replacement problems of the housing authority.

The varying types of council houses which have been erected in Glamorgan in the recent post-war years show the result of local experimentation in design and layout. The housing authorities concerned should feel proud of the successful way in which they have avoided monotony and sameness of construction which were less satisfactory features of some earlier housing estates.

In spite of the good work that has been accomplished, housing lists still remain long, and for many people rents are too high to enable the excellent amenities of the modern council houses to be enjoyed with reasonable freedom from financial anxiety.

#### RURAL HOUSING.

The Joint County Committee continued to function, although only one meeting was held during the year.

## REFRESHER COURSE FOR SANITARY INSPECTORS.

In conjunction with the Sanitary Inspectors Association, a two-day course of lectures was organised, and took place at the Bridgend Technical College, on the 15th and 22nd April, 1953.

Lectures were delivered by experts from the Welsh Board of Health, Ministry of Agriculture and Fisheries, and Local Government Departments on matters of interest, and included planning and housing development, infectious diseases, meat and food administration, atmospheric pollution, and rivers pollution prevention.

The course was well attended, there being upwards of eighty officers of Local Authorities from South and West Wales. The lectures were much appreciated, and were followed by discussions which provided opportunity for exchange of views and comparisons of local problems and difficulties.

In view of the success of the course, the hope was expressed that further courses would be arranged.

## STATISTICAL REVIEW, 1953.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1953, and for the purpose of comparison quotes similar statistics for the years 1952 and 1933 :—

			Birth Rate.			Death Rate.			Infant Mortality Rate.			
			1953.	1952.	1933.	1953.	1952.	1933.	1953.	1952.	1933.	
England and Wales	..	..	15.5	15.3	14.4	11.4	11.3	12.3	27	28	64	
Administrative County of Glamorgan			16.2	16.2	16.0	11.8	11.6	12.7	31	34	79	
Total Urban Districts			16.4	16.5	16.2	11.9	12.0	13.0	29	36	81	
Total Rural Districts			15.6	15.3	15.1	11.4	10.5	11.6	37	30	72	
Health Division.	Constituent Districts.											
Aberdare and Mountain Ash	Aberdare Urban	..	13.6	14.1	13.6	14.7	14.3	14.0	31	37	78	
	Mountain Ash Urban	..	17.0	18.3	18.3	11.3	12.2	13.6	25	51	69	
Caerphilly and Gelligaer	Caerphilly Urban	..	20.1	20.1	19.5	9.3	10.6	13.4	37	42	85	
	Gelligaer Urban	..	18.5	17.5	18.8	10.8	12.0	12.3	32	32	75	
Mid-Glamorgan	Bridgend Urban	..	16.3	16.2	12.3	10.0	11.1	9.9	40	18	32	
	Maesteg Urban	..	18.5	18.4	17.4	11.0	11.7	12.8	33	26	71	
	Ogmore & Garw Urban	..	16.7	17.5	16.4	11.5	11.6	11.2	43	66	95	
	Porthcawl Urban	..	14.2	13.7	12.6	13.7	12.4	14.9	43	23	52	
	Penybont Rural	..	16.6	15.2	16.6	12.9	9.0	11.0	33	21	82	
Neath and District	Neath Borough	..	14.2	14.7	13.5	11.2	11.1	13.8	18	30	95	
	Neath Rural	..	15.0	15.4	15.7	10.9	10.6	11.3	50	19	79	
Pontypridd and Llantrisant	Llantrisant & Llantwit Fardre Rural	..	20.0	20.4	18.7	10.3	10.5	11.3	39	54	67	
	Pontypridd Urban	..	15.2	14.7	17.8	16.9	12.0	12.8	19	27	83	
Port Talbot and Glyncoirwg	Glyncoirwg Urban	..	19.3	23.0	20.9	10.6	10.1	13.6	44	23	84	
	Port Talbot Borough	..	18.5	18.7	16.4	11.1	9.6	13.4	19	29	96	
South-East Glamorgan	Barry Borough	..	17.7	17.6	16.3	9.8	11.9	12.6	30	33	51	
	Cardiff Rural	..	13.2	12.1	12.6	12.6	10.7	11.5	17	25	70	
	Cowbridge Borough	..	11.7	16.4	14.9	11.7	11.6	20.4	—	—	—	
	Cowbridge Rural	..	15.5	14.7	14.9	5.8	7.0	11.0	25	31	45	
	Penarth Urban	..	16.9	14.4	11.1	11.8	13.0	11.4	9	30	46	
West Glamorgan	Gower Rural	..	17.5	17.0	11.5	11.8	12.0	11.7	44	36	73	
	Llwchwr Urban	..	12.6	12.6	15.1	10.5	12.1	10.6	37	38	85	
	Pontardawe Rural	..	13.9	14.6	13.7	13.2	13.3	12.8	49	32	70	
Rhondda	..	Rhondda Urban	..	15.3	15.6	15.9	12.8	12.9	13.6	31	40	92



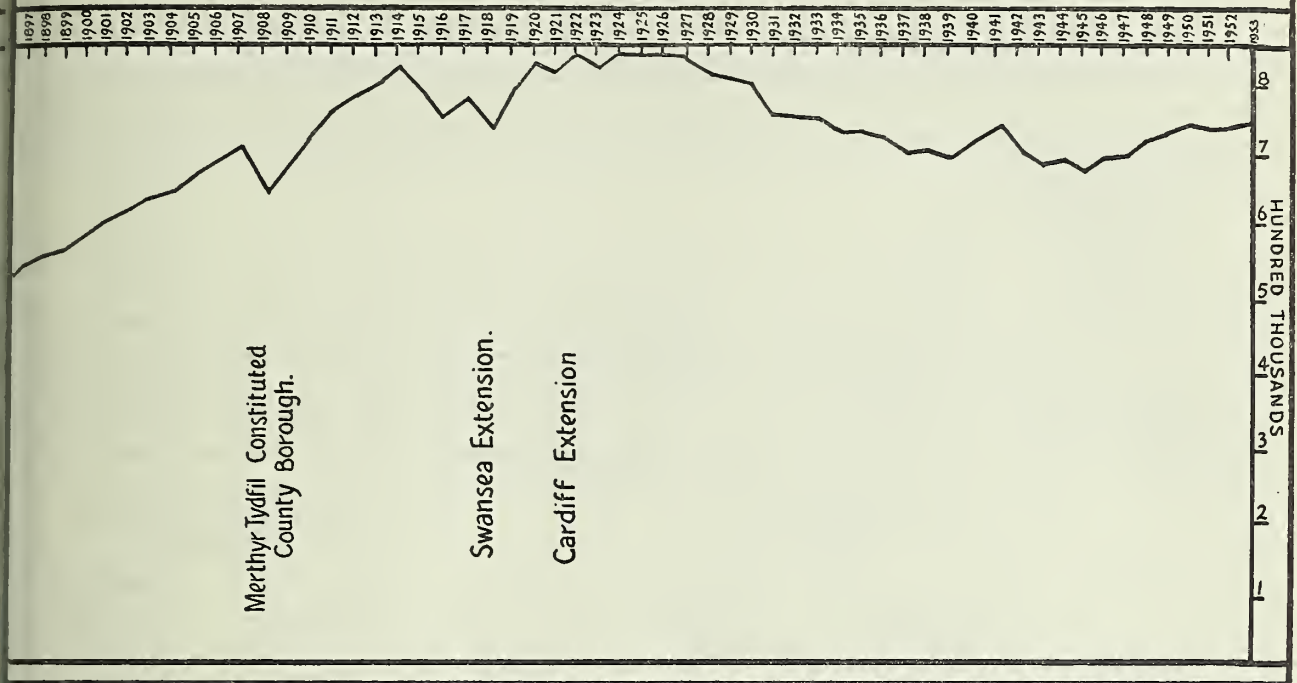
## POPULATION.

The estimates of the Registrar-General gives the population of the Administrative County as 736,300 as compared with the 1952 estimate of 732,500.

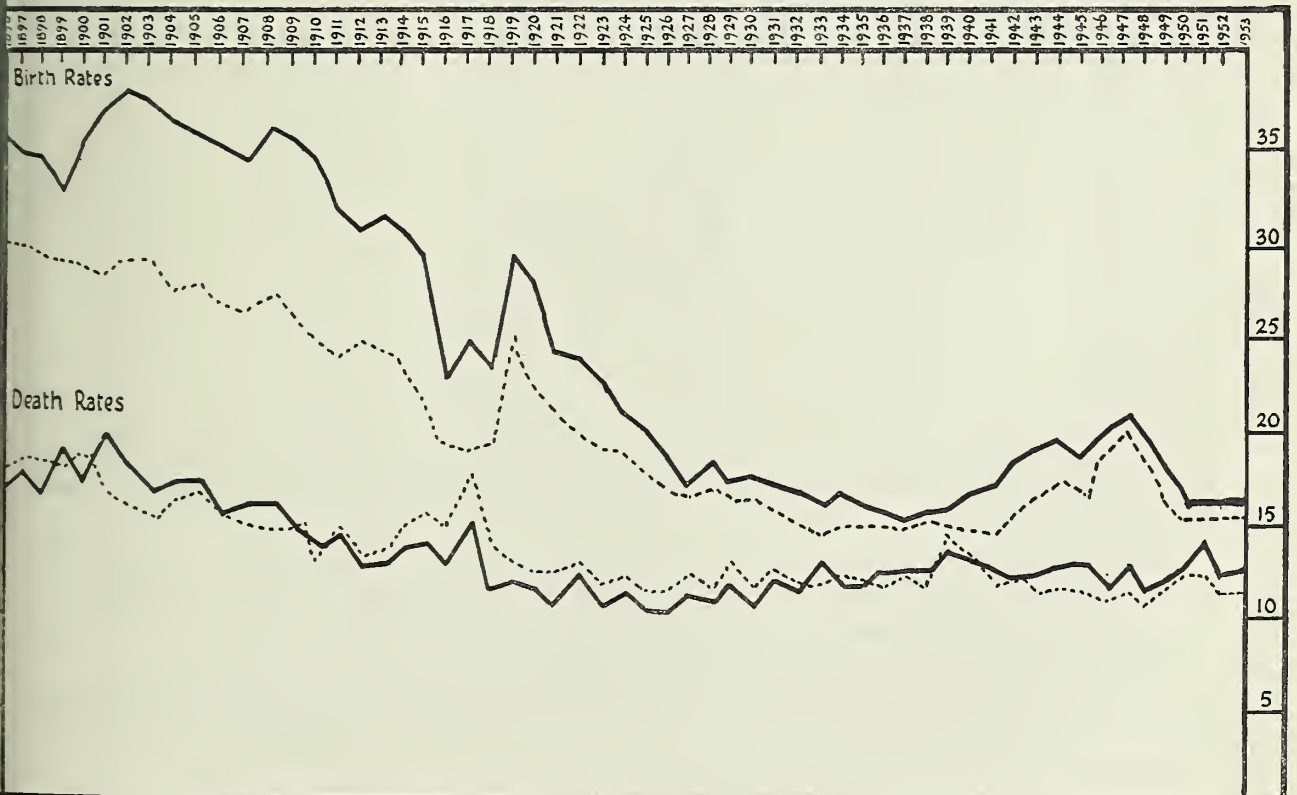
Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1932	763,000	3,482
1903	631,398	13,137	1933	758,160	2,504
1913	791,208	14,363	1934	751,650	3,579
1914	802,752	14,047	1935	743,800	3,015
1915	777,430	12,266	1936	731,350	2,358
1916	752,619	11,485	1937	714,200	1,714
1917	766,990	10,236	1938	708,500	1,982
1918	740,254	8,866	1939	709,500	1,746
1919	795,924	9,828	1940	716,400	2,077
1920	827,639	14,128	1941	740,310	2,595
1921	814,717 (Census)	14,015	1942	714,400	4,422
1922	838,064	10,006	1943	697,300	4,125
1923	827,900	10,656	1944	704,540	5,043
1924	839,500	10,294	1945	697,780	3,621
1925	843,400	8,898	1946	710,160	5,208
1926	843,100	8,213	1947	712,070	5,491
1927	837,000	5,366	1948	725,200	5,316
1928	812,200	5,748	1949	730,400	3,619
1929	809,200	4,582	1950	737,890	2,483
1930	809,200	Mid-year, 1929 4,921	1951	732,100 (Census)	1,855
1931	766,141 (Census)	3,670	1952	732,500	2,366
			1953	736,300	3,224

The population of the Administrative County increased by 3,800.

# ADMINISTRATIVE COUNTY OF GLAMORGAN POPULATION



## BIRTH AND DEATH RATES



The following miscellaneous statistical tables are inserted for purposes of comparison :—

### BIRTHS.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Administrative County	15.6	16.3	16.7	18.2	18.4	19.4	18.1	19.4	20.8	18.9	17.1	16.2	16.3	16.2	16.2
England and Wales ..	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5
Illegitimate birth-rate per 1,000 births—															
Administrative County ..	30	29	35	34	44	49	67	43	34	34	31	35	32	30	31
England and Wales ..	42	43	53	54	63	72	92	65	52	53	50	49	47	46	46

### DEATH RATE.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Administrative County	13.1	13.4	12.9	12.1	12.4	12.3	12.9	12.1	13.1	11.6	12.2	12.8	13.8	11.6	11.8
England and Wales ..	12.1	14.3	13.2	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4

### INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1935.	64	57
1917.	94	96	1936.	63	59
1918.	95	97	1937.	65	58
1920.	90	80	1938.	60	53
1921.	93	83	1939.	60	50
1922.	90	77	1940.	65	55
1923.	75	69	1941.	67	59
1924.	77	75	1942.	55	49
1925.	83	75	1943.	56	49
1926.	76	70	1944.	48	46
1927.	86	69	1945.	58	46
1928.	75	65	1946.	45	43
1929.	80	74	1947.	51	41
1930.	69	60	1948.	41	34
1931.	77	66	1949.	40	32
1932.	72	65	1950.	39	30
1933.	79	64	1951.	37	30
1934.	65	59	1952.	34	28
			1953.	31	27

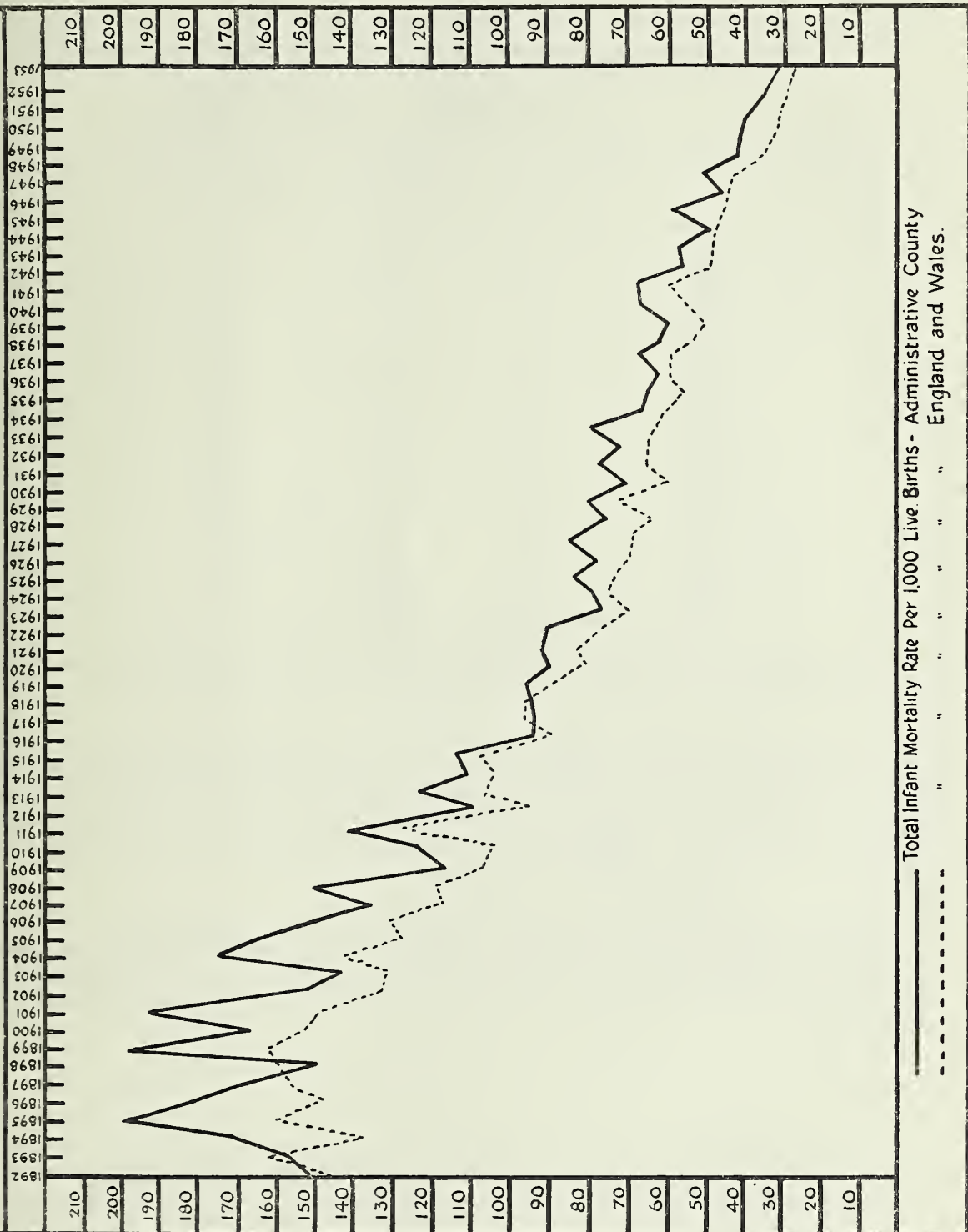
The fall in infant mortality in the Administrative County since 1892 is clearly indicated in the graph on page 85.

Once again a new low record of infant mortality has to be reported. There is, however, no justification for complacency since the Glamorgan statistics are still higher than for England and Wales as a whole.

The highest mortality rate was recorded in the Neath Rural District, where there was an unduly high neo-natal mortality rate of 37.34.

It is pleasing to note the reduction in the former high infant mortality rate in the Glyncoirwg Urban District where, in 1950, the County Council established increased mother and baby clinic facilities with a view to preventing this undue wastage of human life.

# ADMINISTRATIVE COUNTY OF GLAMORGAN • INFANT MORTALITY •





## MATERNAL MORTALITY.

	Glamorgan.		England and Wales.
	Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939 ..	58	4.96	2.93
1940 ..	51	4.15	2.16
1941 ..	50	3.87	2.23
1942 ..	46	3.39	2.01
1943 ..	62	4.67	2.29
1944 ..	51	3.59	1.93
1945 ..	42	3.21	1.79
1946 ..	33	2.31	1.43
1947 ..	28	1.84	1.17
1948 ..	30	2.27	1.02
1949 ..	18	1.40	0.98
1950 ..	22	1.80	0.86
1951 ..	16	1.30	0.79
1952 ..	9	0.74	0.72
1953 ..	15	1.23	0.76

An increase from nine to fifteen in the number of maternal deaths is disappointing, and points out the need for constant vigilance, both in the ante-natal and post-natal supervision.

The procedure laid down by the Ministry of Health for the investigation of maternal deaths has been followed, Form 97 M.C.W. being completed in each case. The opinion of the consultant obstetrician, who acts as referee on the cause of death, was reported confidentially by him to the Ministry of Health. An analysis of the causes of death from the information available to me indicates that the deaths were attributed to the following causes—toxaemia of pregnancy, five; post partum haemorrhage, six; following abortion or miscarriage, two; infection, one; pulmonary embolism, one.

With the reduction of maternal deaths one must not forget that the improvement is due in no small measure to the much greater care of the mother and the need for ante-natal supervision is as important as ever in the detection with the view to treatment of the early signs of toxaemia. In several instances the fatal issue was partly due to reluctance and delay on the part of the mother in seeking proper ante-natal care.

# ADMINISTRATIVE COUNTY OF GLAMORGAN MATERNAL MORTALITY



## INFECTIOUS DISEASES.

The following table shows the continued reduction in the number of deaths from infectious diseases. For the fifth successive year there were no deaths from diphtheria, and from whooping cough and measles combined only four cases ended fatally, compared with six the previous year.

The incidence of both the latter conditions, however, remained high, and the peak period for measles occurred in the second quarter of the year as compared with the fourth quarter in 1952. Altogether, 6,662 cases of measles were reported, an increase of 424 on the previous year.

	Diphtheria.			Whooping Cough.			Measles.		
	Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.		Glam. Deaths.	Rates per 100,000 Population.	
		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.		Glam.	Eng. & Wales.
1900	484	76	163	232	36	35	525	83	39
1910	88	12	12	185	26	25	308	43	23
1920	167	20	15	105	13	5	330	39	19
1930	108	13	3	58	7	5	72	9	11
1940	98	14	6	13	2	2	18	3	2
1950	—	—	—	8	1.1	0.4	5	0.7	0.8
1951	—	—	—	15	2	1	9	0.8	0.7
1952	—	—	—	3	0.4	—	3	0.4	0.3
1953	—	—	—	2	0.3	1	2	0.3	0.6

Two cases of typhoid and seventeen cases of paratyphoid fever were notified during the year.

## POLIOMYELITIS.

Poliomyelitis was notified in sixty cases, with four deaths. This was a slightly greater incidence than 1952, but fortunately well below that of the 1950 figure of 105. Bearing in mind the association of immunisation with this condition, instructions were given to concentrate on the immunisation campaign during the winter months, and in no instance did poliomyelitis arise following inoculation.

## CANCER.

The following table shows the number of deaths in the Administrative County :—

TABLE I.

Year.	Deaths in Glamorgan.			Crude death rate per 100,000 population.	
	Male.	Female.	Total.	Glamorgan.	England and Wales.
1900	—	—	278	44	83
1910	—	—	435	61	97
1920	279	310	589	71	110
1930	396	444	840	104	145
1940	517	476	993	139	172
1941	511	489	1,000	135	178
1942	545	535	1,080	151	183
1943	569	511	1,080	155	190
1944	583	521	1,104	156	190
1945	626	583	1,209	173	193
1946	653	541	1,194	168	185
1947	605	534	1,139	160	185
1948	660	566	1,226	169	186
1949	687	567	1,254	172	187
1950	744	574	1,318	179	210
1951	787	636	1,423	194	196
1952	725	605	1,330	182	199
1953	753	620	1,373	186	199

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.						
	1947	1948	1949	1950	1951	1952	1953
Stomach .. .. .	284	275	305	291	335	300	277
Breast .. .. .	107	97	91	100	109	111	117
Uterus .. .. .	54	62	79	67	75	52	66
Lung .. .. .	} 694	} 792	} 779	141	168	200	205
Other .. .. .				719	736	667	708
Total Cancer Deaths .. ..	1,139	1,226	1,254	1,318	1,423	1,330	1,373

As from the 1st January, 1953, the Registrar-General introduced a new method of assignment for births, deaths, and still-births occurring other than at home. The new system, which, in general, is an improvement on the old, aims at relating these vital statistics to the population at risk, and institutions have been divided into two categories—(a) those from which deaths are not transferable, and (b) those which are.

Included in (a) is Whitchurch Mental Hospital. This hospital houses a Cancer Therapy Unit, and in accordance with the new system all deaths occurring at this unit are assigned to the Cardiff Rural District. Thirty cancer deaths occurred during the year at this unit, where the patients immediately before admission were resident outside Cardiff Rural District, twenty-five of whom were resident outside the Administrative County.



It will be appreciated, therefore, that although the figures given in Table II show that the deaths from cancer in the Administrative County increased by forty-three, the true increase was, in fact, only eighteen. Again, although there was an apparent increase in cancer of the lung deaths, as six of these occurred at the Whitchurch Hospital among patients from outside the Administrative County, there was, in fact, a very slight decrease in deaths from this cause.

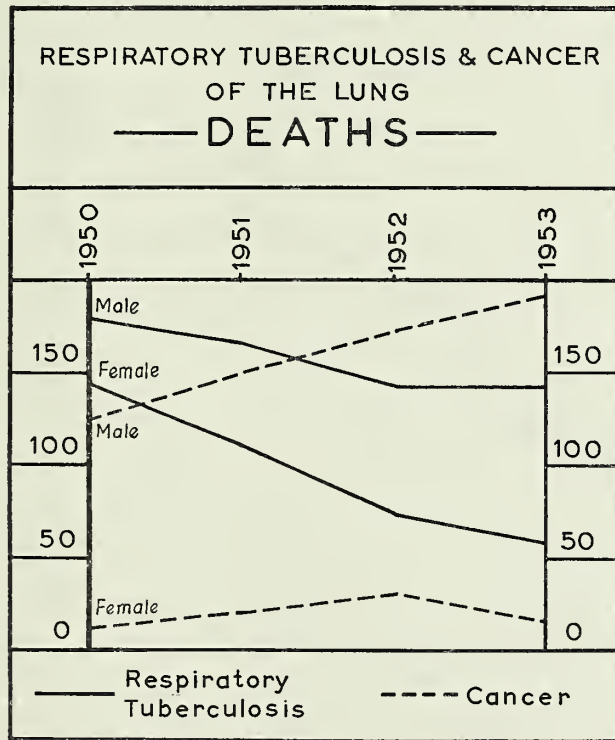
ADMINISTRATIVE COUNTY OF GLAMORGAN—DEATHS FROM LUNG CANCER.

Health Division.	Constituent Districts.	Population.	Deaths.				
			1950.	1951.	1952.	1953.	Total.
Aberdare and Mountain Ash	Aberdare Urban .. ..	40,961	4	9	12	8	33
	Mountain Ash Urban ..	31,528	5	8	2	5	20
Caerphilly and Gelligaer	Caerphilly Urban .. ..	35,194	4	4	9	4	21
	Gelligaer Urban .. ..	36,159	5	13	7	4	29
Mid-Glamorgan	Bridgend Urban .. ..	13,646	3	5	4	4	16
	Maesteg Urban .. ..	23,124	4	5	3	8	20
	Ogmore and Garw Urban ..	22,638	5	5	7	2	19
	Porthcawl Urban .. ..	9,528	2	2	3	5	12
	Penybont Rural .. ..	35,063	6	5	6	8	25
Neath and District	Neath M.B. .. ..	32,305	10	6	15	17	48
	Neath Rural .. ..	41,595	10	11	7	10	38
Pontypridd and Llantrisant	Llantrisant Rural .. ..	25,561	7	3	4	7	21
	Pontypridd Urban .. ..	38,622	4	14	11	7	36
Port Talbot and Glyncoirwg	Glyncoirwg Urban .. ..	9,236	—	—	3	3	6
	Port Talbot M.B. .. ..	44,024	9	10	20	14	53
South-East Glamorgan	Barry M.B. .. ..	40,979	9	11	14	11	45
	Cardiff Rural .. ..	36,386	11	10	8	18	47
	Cowbridge M.B. .. ..	1,055	—	—	2	1	3
	Cowbridge Rural .. ..	18,950	2	—	4	4	10
	Penarth Urban .. ..	18,528	7	2	6	8	23
West Glamorgan	Gower Rural .. ..	11,742	4	2	4	—	10
	Llwchwr Urban .. ..	25,737	4	12	7	7	30
	Pontardawe Rural .. ..	32,563	9	7	12	22	50
Rhondda	Rhondda Urban .. ..	109,800	17	24	30	28	99
Totals .. ..			141	168	200	205	714

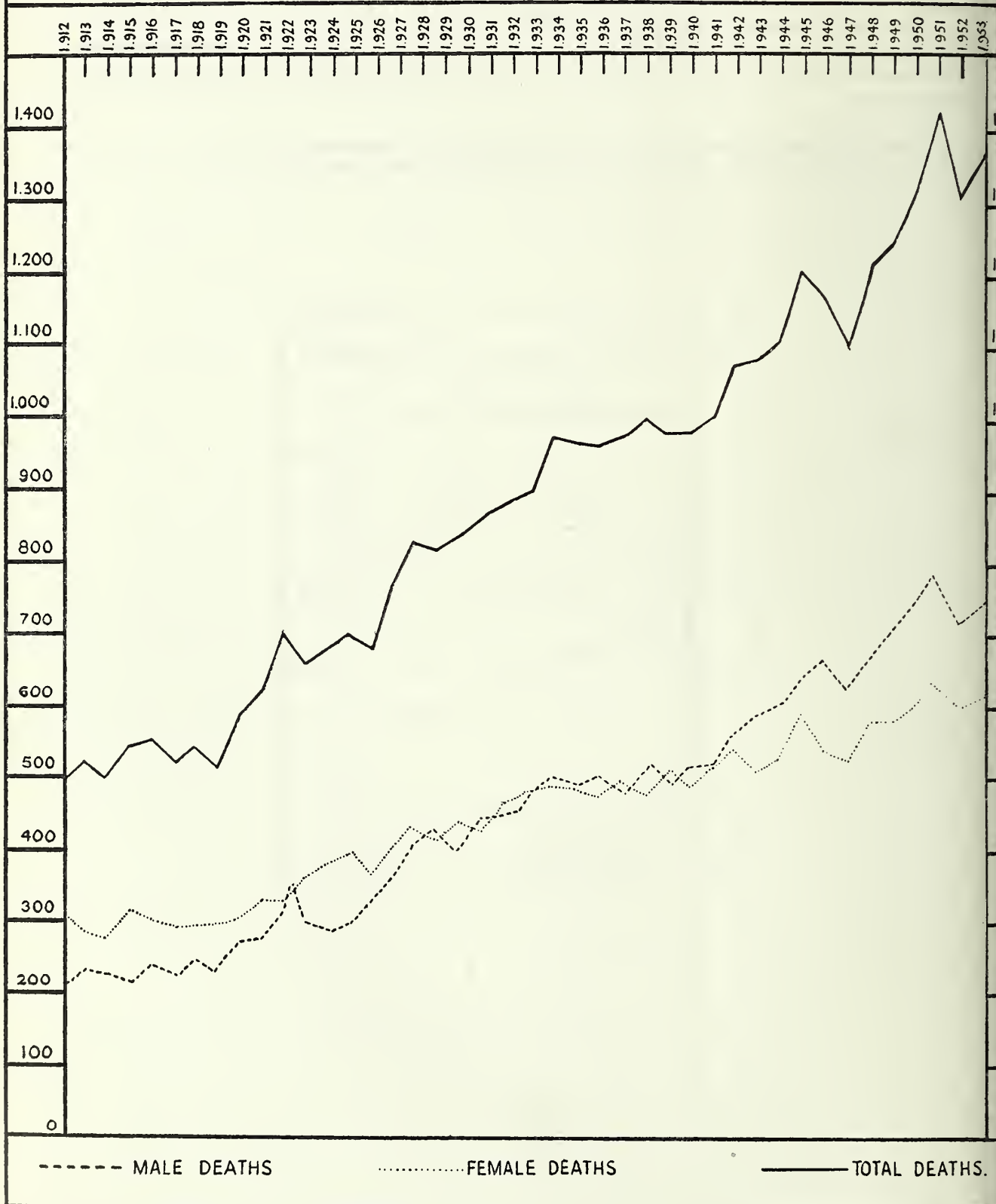
### CANCER OF THE LUNG.

The above table shows the incidence of deaths from lung cancer in the County Districts of Glamorgan over the past four years. Although the period covered is not sufficient to allow for any significant conclusion to be made, it will be noted that in certain areas the figures show a persistently high incidence of deaths from this cause.

From the following graph it will be seen that in four years in Glamorgan the reduction in male deaths from respiratory tuberculosis has been more than offset by lung cancer deaths :—



# ADMINISTRATIVE COUNTY OF GLAMORGAN • CANCER DEATHS •



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY  
OF GLAMORGAN DURING THE YEAR 1953.

33

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	1	—	2	1	2	1	2	7	29	29	77	11	31	6	3	2	145	57
Tuberculosis—Other ..	—	2	1	—	1	—	1	1	3	3	3	1	2	1	—	—	9	14
Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	11	4	9	—	—	1	20	5
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal Infections ..	2	4	—	1	—	—	—	—	—	—	1	—	—	—	—	—	3	5
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Other Infective and Parasitic Diseases ..	1	1	—	1	—	—	—	—	3	2	3	—	1	—	1	2	10	5
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	6	7	66	32	56	35	35	40	163	114
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	—	5	1	112	4	57	5	18	3	192	13
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	11	—	—	63	—	21	1	21	1	116
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	8	—	—	37	—	12	—	9	—	66
Other Malignant and Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia—Aleukaemia ..	—	—	3	4	4	4	2	2	16	30	116	101	116	85	119	75	376	298
Diabetes ..	—	—	1	3	1	3	—	—	3	—	10	5	3	4	—	—	21	13
Vascular Lesions of Nervous System ..	—	—	—	—	2	1	1	—	1	—	5	13	6	19	8	14	21	48
Coronary Disease—Angina ..	1	—	—	1	1	—	—	—	6	4	125	133	180	198	211	250	524	587
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	35	4	283	93	284	124	153	101	755	322
Other Heart Disease ..	1	—	1	—	—	—	—	—	—	—	20	17	37	34	16	34	73	85
Other Circulatory Disease ..	—	—	1	—	2	4	4	4	14	36	81	112	195	179	359	453	653	785
Influenza ..	—	—	—	—	—	—	—	—	4	3	39	27	74	39	88	100	205	169
Pneumonia ..	—	—	—	—	—	—	—	—	1	6	9	5	11	9	10	15	32	36
Bronchitis ..	36	19	3	8	1	1	1	1	4	3	29	16	39	15	38	31	150	94
Other Diseases of Respiratory System ..	5	3	1	1	2	—	—	—	7	1	150	25	134	41	114	77	413	147
Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	—	9	3	100	7	68	4	23	8	203	26
Gastritis, Enteritis, and Diarrhoea ..	15	12	1	—	—	—	—	—	6	—	22	4	15	2	5	4	48	10
Nephritis and Nephrosis ..	—	—	—	—	1	—	—	—	2	2	1	4	4	2	6	4	30	24
Hyperplasia of Prostate ..	—	—	—	—	5	2	2	1	8	8	19	30	12	15	16	18	63	74
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	8	—	26	—	41	—	75	—
Congenital Malformations ..	26	33	1	—	—	—	2	2	—	13	—	—	—	—	—	—	—	15
Other defined and ill-defined diseases ..	116	79	3	4	10	8	3	3	2	2	6	2	—	—	—	—	39	42
Motor vehicle accidents ..	—	—	5	4	14	1	1	1	19	30	65	94	71	72	164	176	486	466
All other accidents ..	8	4	—	4	13	1	1	1	37	—	61	15	12	8	9	3	64	16
Suicide ..	—	—	—	—	1	—	—	—	2	2	14	9	6	3	14	37	151	75
Homicide and operations of war ..	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	28	14
All causes ..	212	159	35	34	23	23	62	34	242	211	1,446	869	1,457	935	1,453	1,478	4,930	3,743



NOTIFICATION OF INFECTIOUS DISEASES.

				SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARA-TYPHOID		ENTERIC FEVER		Food Poisoning	PULMONARY TUBERCULOSIS		NON-PULMONARY TUBERCULOSIS		ERYSIPELAS		Malaria		
				Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post Infective			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate
ADMINISTRATIVE COUNTY .. .. .				693	0.94	1,984	2.69	8	0.01	6,662	9.05	539	0.73	36	36	24	—	1	47	2	89	7.48	—	—	17	0.02	2	0.003	199	956	1.30	120	0.16	74	0.10	—		
URBAN DISTRICTS .. .. .				536	1.01	1,429	2.68	8	0.02	4,541	8.52	416	0.78	27	18	16	—	1	34	2	73	8.36	—	—	14	0.03	1	0.002	173	744	1.40	88	0.17	62	0.12	—		
RURAL DISTRICTS .. .. .				157	0.77	555	2.73	—	—	2,121	10.44	123	0.61	9	18	8	—	—	13	—	16	5.05	—	—	3	0.01	1	0.005	26	212	1.04	32	0.16	12	0.06	—		
Health Division.				Constituent Districts.																																		
Aberdare and Mountain Ash				7	0.17	44	1.08	4	0.10	340	8.35	43	1.06	3	1	—	—	—	8	—	7	12.68	—	—	—	—	—	—	—	3	100	2.46	8	0.20	3	0.07	—	
				26	0.84	176	5.68	4	0.13	72	2.32	31	1.00	2	1	—	—	—	1	1	1	1.90	—	—	—	—	—	—	—	—	73	2.36	4	0.13	4	0.13	—	
Caerphilly and Gelligaer				18	0.49	24	0.66	—	—	565	15.46	8	0.22	1	—	1	—	—	3	—	16	21.77	—	—	2	0.05	—	—	—	49	1.34	1	0.03	—	—	—		
				13	0.36	36	1.00	—	—	360	10.01	22	0.61	—	—	—	—	—	—	1	—	13	19.58	—	—	2	0.06	—	—	12	32	0.89	2	0.06	3	0.08	—	
Mid-Glamorgan				17	1.23	8	0.58	—	—	121	8.79	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	9	0.65	1	0.07	—	—	—		
				40	1.75	40	1.75	—	—	469	20.50	40	1.75	4	2	3	—	—	—	7	—	5	11.82	—	—	—	—	—	—	1	29	1.27	5	0.22	6	0.26	—	
				62	2.77	125	5.58	—	—	398	17.75	51	2.27	—	1	—	—	—	—	3	—	—	—	—	—	—	—	—	4	33	1.47	7	0.31	3	0.13	—		
				14	1.43	28	2.86	—	—	13	1.33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	6	0.61	4	0.41	1	0.10	—		
				32	0.91	44	1.25	—	—	448	12.71	18	0.51	4	6	4	—	—	—	3	—	—	—	—	—	—	—	1	0.03	1	40	1.13	11	0.31	1	0.03	—	
Neath and District				31	0.98	71	2.25	—	—	131	4.15	14	0.44	4	—	—	—	—	1	—	1	2.23	—	—	—	—	—	—	—	34	1.08	6	0.19	—	—	—		
				11	0.27	155	3.76	—	—	121	2.94	29	0.70	1	—	—	—	—	—	1	—	1	1.62	—	—	—	—	—	—	—	49	1.19	3	0.07	2	0.05	—	
Pontypridd and Llantrisant				22	0.86	104	4.07	—	—	402	15.72	26	1.02	2	1	—	—	—	—	5	9.77	—	—	1	0.04	—	—	—	47	1.84	2	0.08	3	0.12	—			
				61	1.60	186	4.87	—	—	44	1.15	15	0.39	2	—	1	—	—	—	3	1	10	17.27	—	—	1	0.03	1	0.03	1	51	1.34	3	0.08	6	0.16	—	
Port Talbot and Glyncoirwg				3	0.32	6	0.63	—	—	35	3.69	1	0.11	1	—	—	—	—	—	—	—	—	—	—	1	0.11	—	—	2	21	2.21	5	0.53	1	0.11	—		
				82	1.82	126	2.79	—	—	624	13.81	22	0.49	1	1	—	—	—	—	2	—	—	—	—	—	1	0.02	—	—	—	45	1.00	5	0.11	3	0.07	—	
South-East Glamorgan				38	0.92	43	1.04	—	—	296	7.19	24	0.58	1	7	2	—	—	—	—	3	4.13	—	—	—	—	—	—	120	44	1.07	10	0.24	9	0.22	—		
				41	1.12	84	2.30	—	—	432	11.82	28	0.77	—	5	3	—	—	—	9	—	2	4.14	—	—	—	—	—	—	10	25	0.68	7	0.19	6	0.16	—	
				1	0.97	—	—	—	—	—	—	1	0.97	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
				16	0.77	30	1.44	—	—	203	9.75	11	0.53	2	—	—	—	—	—	—	—	3	9.29	—	—	—	—	—	—	1	10	0.48	5	0.24	—	—	—	
				21	1.12	209	11.14	—	—	15	0.80	39	2.08	5	3	7	—	1	4	—	—	1	3.15	—	—	3	0.16	—	—	—	6	19	1.01	1	0.05	5	0.27	—
West Glamorgan				18	1.55	27	2.32	—	—	146	12.55	6	0.52	—	—	—	—	—	—	5	24.63	—	—	—	—	—	—	14	9	0.77	—	—	—	—	—			
				26	1.02	25	0.98	—	—	3	0.12	3	0.12	3	—	1	—	—	—	—	14	43.34	—	—	—	—	—	—	17	22	0.86	7	0.27	7	0.27	—		
				17	0.53	111	3.45	—	—	369	11.47	5	0.16	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	32	0.99	4	0.12	—	—	—		
Rhondda				76	0.70	282	2.58	—	—	1,055	9.67	102	0.93	—	2	—	—	—	1	—	2	1.20	—	—	4	0.04	—	—	—	177	1.62	19	0.17	11	0.10	—		



[illegible]



